



PIEDMONT REPRODUCTIVE ENDOCRINOLOGY GROUP
REFERRAL REQUEST



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- JOHN F. PAYNE, M.D.
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- LISA M. COOKINGHAM, M.D.
- KATHRYN SNOW, M.D., M.H.A.

- VICTORIA BISHOP, FNP-BC
- FIRST AVAILABLE

please select desired location

GREENVILLE
17 Caledon Court
Suite C
Greenville, SC 29615
P: (864) 232.7734
F: (864) 232.7099

SPARTANBURG
1330 Boiling Springs Road
Suite 2200
Spartanburg, SC 29303
P: (864) 583.2669
F: (864) 583.2459

ASHEVILLE
76 Peachtree Road
Suite 210
Asheville, NC 28803
P: (828) 210.8284
F: (828) 350.7516

COLUMBIA
2324 Sunset Blvd.
W Columbia, SC 29169
P: (803) 726.3600
F: (803) 929.0504

LOWCOUNTRY
5500 Front Street
Suite 410
Summerville, SC 29486
P: (843) 881.7400
F: (843) 881.7444

source of referral

DATE _____
REFERRING PHYSICIAN _____
PRACTICE NAME _____
PRACTICE PHONE _____
PRACTICE FAX _____
PRACTICE EMAIL _____

patient demographics

PATIENT NAME _____
DATE OF BIRTH _____
HOME ADDRESS _____
PATIENT PHONE _____
PATIENT EMAIL _____

reason for referral

- INFERTILITY
- FERTILITY PRESERVATION
- PCOS
- SURGICAL CONSULT
- RECURRENT PREGNANCY LOSS
- HSG
- SEMEN ANALYSIS
- OTHER

insurance information (please attach a copy of card if available)

DIAGNOSIS CODE(S) _____ SUBSCRIBER DOB _____
COMPANY _____ SUBSCRIBER ID _____
GROUP NUMBER _____ INSURANCE CONTACT _____
SUBSCRIBER NAME _____ REFERRAL OR PRE-CERT# _____

**Please fax all pertinent medical records to the requested office.*