



## Duke Fertility Center



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Maria Plentl, MSN,  
Women's Health Nurse  
Practitioner



Julia Woodward, PhD  
Psychologist

All providers are fellowship-trained in Reproductive, Endocrinology, and Infertility medicine.

### Overview

The Duke Fertility Center provides comprehensive infertility services with compassionate care and counseling. Our state-of-the-art technologies vastly improve your patients' chances of having a baby. The Duke Fertility Center is the area's only member of the Advanced Reproductive Care (ARC) Family Building Program, an affordable option for women with limited financial resources.

Upon your referral, your patients will receive expedited access to appointments and thoughtful care from our staff. We are also dedicated to timely communications with your office throughout treatment, enabling a seamless return of patients to your practice for ongoing care.

### Services

- Controlled Ovarian Hyperstimulation
- Donor Egg Recipient Program
- Fertility Preservation in Cancer Patients
- Fertility Preserving Surgery
- In Vitro Fertilization Process
- Non-surgical Options for Uterine Fibroids (MR-Guided Focused Ultrasound)
- Oocyte Cryopreservation
- Ovulation Induction
- Preimplantation Genetic Diagnosis (PGD)
- Semen Testing
- Surgery

### Locations

Duke Fertility Center  
5704 Fayetteville Road  
Durham, NC 27713

Duke Perinatal Clinic  
1126 N. Church Street, Suite 203  
Greensboro, NC 27401

Duke Reproductive Endocrinology & Infertility  
Duke Perinatal Consultants  
Duke Gynecological Consultants  
2406 Blue Ridge Road, Suite 200  
Raleigh, NC 27607





# Duke Fertility Center

Phone: 919-572-HOPE (4673) Fax: 919-484-0613

### Durham

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5704 Fayetteville Road

### Greensboro

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### Raleigh

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## Consultation Request

Date: \_\_\_\_\_

Please complete this form and fax it to your preferred location listed above.

Patient Name: \_\_\_\_\_ Duke History #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Patient E-mail: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

## Clinical Information

### Appointment Need:

Urgent (1 to 2 days)    Acute (7 days)    Routine (next available)

### Appointment Location:

Durham    Greensboro    Raleigh

Reason for Consultation: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_

Date and Location of Recent Imaging Studies: \_\_\_\_\_

(Please have the patient bring copies of relevant studies)

## Insurance Information (attach copy of card if available)

Company: \_\_\_\_\_ Subscriber ID: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

Group Number: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

Insurance Contact Number: \_\_\_\_\_

Referral or Pre-Cert Number: \_\_\_\_\_

It is very important that you fill this form out completely and legibly. Incomplete forms may delay the scheduling process.

**Thank You for Choosing Duke Fertility Center!**