



590 Country Club Pkwy, Suite A  
Eugene, Oregon 97401  
(541) 683-1559 • Fax: (541) 683-1709  
Reproductive Endocrinology • Infertility

Douglas J. Austin, M.D.  
Camille McGregor, N.P.  
Michelle Brookey, N.P.

**Referral Form**

Referring to:  Douglas Austin, M.D.  Camille McGregor, N.P.  Michelle Brookey, N.P.

Patient's Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Reason for Referral: \_\_\_\_\_

**Request(s):**

Schedule patient a consultation for:

- Endocrine  Infertility  Menopause  Transgender Services

Timeline: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**Once completed please fax to (541) 683-1709**