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Reproductive Endocrinology • Infertility
Douglas J. Austin, MD
Michelle Brookey, CNM, NP
Camille McGregor, WHNP

Referral Form

Referring to: Douglas Austin, MD
 Camille Mcregor, WHNP Michelle Brookey, CNM, NP

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