



6031 Shallowford Road, Suite 101
Chattanooga, TN 37421
Phone: (423) 876-2229 (423-TRM-BABY)
Fax: (423) 643-0699

REFERRING PHYSICIAN: _____
REFERRING PHYSICIAN CITY, STATE: _____
REFERRING PHYSICIAN PHONE NUMER: () _____

EGG BANK PATIENT REGISTRATION – FORWARD TO DR. SCOTCHIE

DEMOGRAPHIC INFORMATION

Name: _____ Name you prefer to be called: _____
Date of birth (mm/dd/yyyy): _____ SSN: _____
Marital Status: Married/ Single/Divorced/Separated/Widowed

Partner or spouse name (First, MI, Last) _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Phones:	Order to be called	May we leave a message?
Home _____	1 – 2 – 3	Yes / No
Mobile _____	1– 2 – 3	Yes / No
Work _____	1 – 2 – 3	Yes / No
Email: _____	(Required for patient portal invitation)	

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I authorize Drs. Ringland Murray and Jessica Scotchie and their staff of Tennessee Reproductive Medicine (TRM) to release information pertaining to my care to the phone numbers listed above, and to my referring physician and staff at my primary clinic. I agree to update Tennessee Reproductive Medicine (TRM) of any changes in my contact information. I understand that I have the right to withdraw this consent for the release of information at any time. Such withdrawal must be in writing. No information can be released after consent has been withdrawn.

Signature: _____ Date: _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I understand that Tennessee Reproductive Medicine (TRM) will not file insurance for any services related to purchasing donor eggs. Given that many donor services are performed before eggs are purchased, and that the total number of eggs obtained from a single donor is split into batches for different recipients, we cannot file with insurance for the purchase of donor eggs even if such benefits exist for a recipient. I will be financially responsible for the purchase of donor eggs and understand that payment for the eggs must be paid in full prior to the eggs being shipped to my clinic.

Signature: _____ Date: _____