Dear Referring Physician,

Thank you for referring your patient to our clinic. As you may be aware, The Chronic Pelvic Pain Consultative Clinic at the University of Michigan provides consultative services for the treatment of endometriosis and chronic pelvic pain. We also provide a wide range of minimally invasive surgery approaches, including state of the art robotic surgery techniques for various gynecologic conditions, including uterine fibroids, abnormal bleeding, and ovarian cysts. We can offer laparoscopic hysterectomy, myomectomy, excision of advanced-stage endometriosis to most of our patients, including those with advanced pathology and/or medical comorbidity. Our staff is made up of two faculty members, fellows, residents, a nurse practitioner, nurses, and medical students. This allows for a comprehensive team approach to your patient’s care. We look forward to seeing your patient and will send you a letter with our recommendations shortly after we see her.

Please be aware that we are primarily a consultative clinic, and our goal is to work with you to create an appropriate long-term treatment plan for her condition. Once we have established an appropriate treatment plan and/or surgical intervention, we request that your patient continue her care under your supervision.

Please note that we do not provide medical disability for non-surgical patients. We are also NOT a “pain management clinic” and we do not provide long-term management of prescription narcotic/pain medications.

Thank you for your support and kind referral to our clinic. Your patient has been asked to complete a medical history questionnaire. Once we receive her questionnaire and your attached referral letter, she will be contacted to schedule an appointment. We look forward to seeing your patient and working with you.

If you are referring your patient for a specific surgical procedure, please indicate this information on the referral letter.

Please mail the completed letter to the following address:

The University of Michigan VonVoigtlander Women’s Clinic
Endometriosis Center & Chronic Pelvic Pain Consultative Clinic
Attn: Incoming Records Review
1540 E. Hospital Drive, SPC 4276
Ann Arbor, MI 48109-4276

Sincerely,

The Chronic Pelvic Pain Clinic Consultative Clinic
The University of Michigan Endometriosis Center
Endometriosis Center & Chronic Pelvic Pain Consultative Clinic
Physician Referral Letter

DATE: ___________________________________________

The University of Michigan VonVoigtlander Women’s Clinic
Endometriosis Center & Chronic Pelvic Pain Consultative Clinic
Attn: Incoming Records Review
1540 E. Hospital Drive, SPC 4276
Ann Arbor, MI 48109-4276

RE: Patient Name __________________________________
Date of Birth: _____________________________________

Dear Endometriosis & Chronic Pelvic Pain Consultative Clinic:

Please accept this letter as a formal request to perform consultative services for my patient,
listed above. She has been a patient of mine since _________________ (insert date).

She has been diagnosed with the following conditions that may be causing her pelvic pain:

1. ____________________________________________________________________________ ICD9 code: _________________
2. ____________________________________________________________________________ ICD9 code: _________________
3. ____________________________________________________________________________ ICD9 code: _________________
4. ____________________________________________________________________________ ICD9 code: _________________

I am referring my patient for consideration of a specific surgical procedure:

□ Yes, (please describe surgery): ________________________________________________
□ No, she is being referred for consideration of medical and/or surgical treatment options as
deeled appropriate. No specific surgical procedure is requested.

I understand that this clinic is primarily a consultative clinic that will work with me to establish a
long-term treatment plan for my patient’s condition. Once a treatment plan and/or surgical
procedure is completed, the patient will return to my clinic for ongoing care. I also understand
that the Endometriosis Center & Chronic Pelvic Pain Pain Clinic is not a “pain management clinic” and
will not provide long-term disability and/or prescription narcotic medications.

I have enclosed her relevant medical records, including operative reports, pathology records, and
prior treatments for pelvic pain.

Sincerely,

Referring Physician Name: ______________________________________________________
Address: _______________________________________________________________________
__________________________________________________ Phone: ____________________________
__________________________________________________ Fax: ________________________________