



The Center for Reproductive Health.

2410 Patterson Street Suite 401 ♦ Nashville ♦ TN ♦ 37203 ♦ Voice: (615) 321-8899 ♦ FAX: (615) 321-8877

Office Protocol for Returning Phone Calls

1. All messages received before 3:00 PM are returned the same day.
2. Please leave only one message. Leaving numerous messages will delay your receiving a return call (as we are listening to extra messages instead of making return calls).
3. Make sure your message is detailed:
 - a) Speak clearly so we can understand your name or spell your last name.
 - b) Leave a phone number where you can be reached until 5:30PM.
 - c) Be specific about your question(s) or any problem(s) so that if we need to confer with Dr. Vasquez we will have already done so and can fully assist you.
 - d) If you are requesting medication(s), please leave a pharmacy phone number.
4. For assistance with:

a) Andrology	Ext. 138
b) Appointments (other than procedures)	Ext. 110
c) Billing/Insurance	Ext. 140
d) Clinical	Ext. 126
e) Egg Donation	Ext. 128
f) Embryo Adoption	Ext. 128
g) Embryology	Ext. 138
h) Financial Counselor/Insurance Verification	Ext. 125
i) Scheduling Coordinator	Ext. 125
j) Gestational Surrogacy	Ext. 128
k) IVF Coordinator	Ext. 138
l) TI/UI/FSP Coordinator	Ext. 126
m) Prescription Refills	Ext. 126
n) Surgery Center Nurse (Wed)	Ext. 141
5. If you have an emergency during office hours press “0” for immediate assistance.
6. If you have an emergency after hours, please call “911” or proceed immediately to the nearest emergency room.
7. The answering service will handle all non-emergency phone calls after hours.

The physician and/or members of the practice’s staff may need to use your name, address, phone number and your clinical records to contact you regarding appointments, medical care, billing/insurance, or other issues related to your care. If this contact is made by phone and we are unable to reach you, by signing this form you are authorizing a member of the staff and/or physician to leave a detailed message on your answering machine or voicemail.

Please leave a detailed message regarding appointments, medical care, billing/insurance, etc. at the following number: (____)_____.

Female Partner Signature

Male Partner Signature