



Duke Fertility Center



Millie A. Behera, MD



Susannah D. Copland, MD



Thomas M. Price, MD



David K. Walmer, MD, PhD



Maria Plentl, MSN,
Women's Health Nurse
Practitioner



Julia Woodward, PhD
Psychologist

All providers are fellowship-trained in Reproductive, Endocrinology, and Infertility medicine.

Overview

The Duke Fertility Center provides comprehensive infertility services with compassionate care and counseling. Our state-of-the-art technologies vastly improve your patients' chances of having a baby. The Duke Fertility Center is the area's only member of the Advanced Reproductive Care (ARC) Family Building Program, an affordable option for women with limited financial resources.

Upon your referral, your patients will receive expedited access to appointments and thoughtful care from our staff. We are also dedicated to timely communications with your office throughout treatment, enabling a seamless return of patients to your practice for ongoing care.

Services

- Controlled Ovarian Hyperstimulation
- Donor Egg Recipient Program
- Fertility Preservation in Cancer Patients
- Fertility Preserving Surgery
- In Vitro Fertilization Process
- Non-surgical Options for Uterine Fibroids (MR-Guided Focused Ultrasound)
- Oocyte Cryopreservation
- Ovulation Induction
- Preimplantation Genetic Diagnosis (PGD)
- Semen Testing
- Surgery

Locations

Duke Fertility Center
5704 Fayetteville Road
Durham, NC 27713

Duke Perinatal Clinic
1126 N. Church Street, Suite 203
Greensboro, NC 27401

Duke Reproductive Endocrinology & Infertility
Duke Perinatal Consultants
Duke Gynecological Consultants
2406 Blue Ridge Road, Suite 200
Raleigh, NC 27607





Duke Fertility Center

Phone: 919-572-HOPE (4673) Fax: 919-484-0613

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Consultation Request

Date: _____

Please complete this form and fax it to your preferred location listed above.

Patient Name: _____ Duke History #: _____

Date of Birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Patient E-mail: _____

Referring Physician: _____

Address: _____

Office Phone: _____ Office Fax: _____

Clinical Information

Appointment Need:

Urgent (1 to 2 days) Acute (7 days) Routine (next available)

Appointment Location:

Durham Greensboro Raleigh

Reason for Consultation: _____

Diagnosis Code: _____

Date and Location of Recent Imaging Studies: _____

(Please have the patient bring copies of relevant studies)

Insurance Information (attach copy of card if available)

Company: _____ Subscriber ID: _____ Subscriber DOB: _____

Group Number: _____ Subscriber Name: _____

Insurance Contact Number: _____

Referral or Pre-Cert Number: _____

It is very important that you fill this form out completely and legibly. Incomplete forms may delay the scheduling process.

Thank You for Choosing Duke Fertility Center!