



# Mertz MFM Center

## PROVIDER REFERRAL FORM

**DR. HEATHER L. MERTZ, MD**  
Maternal Fetal Medicine

*We are happy to accept referrals via phone, fax, or email. Please note we offer telehealth options, as well as in-person care.*

3815 Forrestgate Drive  
Winston-Salem, NC 27103  
[frontdesk@mertzmfm.com](mailto:frontdesk@mertzmfm.com)  
Phone: (336) 930-9600  
Fax: (336) 999-7553  
E-Fax: (336) 930-9930

|  |  |
|--|--|
| Patient's Full Name:                     | Patient's DOB:                                   |
| Patient's Phone Number:                  | Patient's Email:                                 |
| Insurance Provider:                      | Insurance ID Number / Policy Number:             |
| Referring Provider:                      | Referring Practice:                              |
| Referring Practice Primary Contact Name: | Referring Practice Primary Contact Phone Number: |

**\*Please include patient demographics, as well as relevant office notes, prenatal records, labs, and ultrasound reports.**

### Reason for Referral (check all that apply):

- Preconception Consultation \_\_\_\_\_
- Poor Prior Pregnancy Outcome \_\_\_\_\_
- Recurrent Pregnancy Loss \_\_\_\_\_
- Increased Maternal BMI \_\_\_\_\_
- Advanced Maternal Age \_\_\_\_\_
- Diabetes Management \_\_\_\_\_
- Medication Management \_\_\_\_\_
- Maternal Medical Conditions \_\_\_\_\_
- Other \_\_\_\_\_

### Preferred Appointment Format:

- In-Person
- Telehealth
- Patient Choice