



PROVIDER REFERRAL FORM

DR. HEATHER L. MERTZ, MD

Maternal Fetal Medicine

We are happy to accept referrals via phone, fax, or email. We offer telehealth options and in-person care.

3815 Forrestgate Drive

Winston-Salem, NC 27103

frontdesk@mertzmfm.com

Phone: (336) 930-9600

Fax: (336) 930-9930

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|--|--|
| Patient's Full Name: | Patient's DOB: |
| Patient's Phone Number: | Patient's Email: |
| Patient's Address Line 1: | Patient's Address Line 2: |
| 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, 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