



# Mertz MFM Center

## PROVIDER REFERRAL FORM

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

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Phone: (336) 930-9600  
Fax: (336) 930-9930

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

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