



Janet E. Davis, M.D., P.C.

Maternal Fetal Medicine

MATERNAL-FETAL MEDICINE CONSULTATION

Referring Physician: _____ Date: _____

Patient Name: _____ DOB: _____

SS# _____

Address: _____

Contact #1: _____ Contact #2: _____

Primary Insurance: _____ ID#: _____

Subscriber: YES NO: Name: _____

Secondary Insurance: _____ ID#: _____

Seen Before: Yes/Year _____ NO

EDD/ Weeks gestation: _____

Referring Diagnosis:

- Abnormal Screening for: _____
- Abnormal Ultrasound: _____
- AMA
- Anatomy Scan
- Diabetes: Pre-Gestational or Gestational
- Epilepsy
- Fibroids
- History of previous pregnancy: _____
- Hypertension: Chronic or Pregnancy Induced
- IVF Pregnancy
- MTHFR/Thrombophilia/Anti-Phospholipid syndrome
- Multiple gestation _____
- Previous Preterm Delivery
- Threatened Preterm Labor
- Shortened Cervix/Cervical Insufficiency
- Vaginal Bleeding
- Other: _____

Please include Prenatal Record, All labs and Ultrasound



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Dear Doctor:

My goal is to partner with your office to provide the best in high-risk obstetric care!

My office is open Mondays through Thursdays, from 8:00 AM through 5:00 PM, and half days on Fridays, 8:00 AM until 12 noon.

We have same-day urgent availability, and can usually see non-urgent referrals within 2 to 3 days.

Thank you for trusting us with your high risk pregnancies!

You can call or text me at any time on my cell phone, 706-513-3032.

For your convenience, I am enclosing referral forms.

Please fill out the referral form and fax to: 706-722-7337, or e-mail to

jdavis@janetdavismd.com

Thank you for your referrals!

Thanks again,

**Janet E. Davis, MD, FACOG
Maternal Fetal Medicine**