



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: \_\_\_\_\_



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***Please include Prenatal Record, All labs and  
Ultrasound***

**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](mailto:jdavis@janetdavismd.com)**

**Thank you for your referrals!**

**Thanks again,**

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