

UF Health Women's Specialists - Jacksonville
Division of Maternal-Fetal Medicine
655 West 8th Street
Jacksonville, FL 32209
UFHealthJax.org

Phone: 904-244-3399
FAX: 904-244-3786
Monday – Friday 8:00am – 4:30pm

All pertinent records & authorizations must be included with Referral Form prior to scheduling appointment.

YOUR OFFICE STAFF MUST COMPLETE ENTIRE FORM BEFORE FAXING

PATIENT INFORMATION

Patient's Name _____ MRN _____
Address _____
Home Number _____ Work # _____
Date of Birth _____ SS# _____

REQUESTING PRACTITIONER/GROUP

Office Name _____ Physician Name _____
Office Address _____ Telephone # _____
_____ Fax # _____
Contact Person _____ Today's Date: _____

INSURANCE INFORMATION

Type of Insurance _____ ID # _____
Name of Insured _____ Relationship _____
Authorization # _____

SERVICES REQUESTED

Please check ALL boxes that apply and provide information:

- MATERNAL-FETAL MEDICINE**
 Consultation Reason. Please specify _____
 Transfer of all OB care. Please specify _____
 Co management. Please specify _____
 GENETIC COUNSELING: Please specify _____
 Please include a copy lab results, Quad screen and NIPT.
 ULTRASOUND INDICATION: _____
 EDD _____ G/P _____ Height _____ Weight _____ Blood Type _____ Prior Cesarean ____ Yes / ____ No

PROVIDER-TO-PROVIDER (Monday-Friday 8:00a – 4:00p) Ph: 904-244-3399 Fax: 904-244-3786

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