

Nine Short Months Midwifery
Physician Referral

Dr Jeffrey B. Miller, suite 3 8906 Commerce Rd, Commerce Twp MI 48382

We have seen our client _____ EDD _____ DOB _____ age _____

G P SAB

in our office on _____ (date). We wish to refer this client to the physician for the following reason(s):

For the patient to read and sign below:

The physician sees our clients as a professional courtesy to Nine Short Months Midwifery. I understand that as a client and will make an effort to conduct myself in a way that shows appreciation and respect for the nature of multidisciplinary care that I am requesting for this pregnancy or condition. I also understand that in requesting medical care and advice from this physician, he also may need more information or testing from me. This will include any past or present medical records, a driver's license and insurance card or payment in full at the time the service is rendered. I agree to the basic testing and protocols that they request of all their patients which typically include the following diagnostic tests:

An OB blood panel, glucose tolerance testing, an ultrasound, a strep B test, along with any other testing that may seem necessary due to your condition.

I understand that this physician is only a resource for emergency treatment in the event of needing a transfer of care during pregnancy or birth, and that all issues and concerns need to be addressed by and through my midwife before they are brought to the doctor.

I understand that all appointments with the physician must be made by the midwife only unless instructed otherwise, and that the doctor's office will not see me unless my midwife has made this appointment for me, and given me this referral sheet. I authorize the release of my medical records to this physician's office.

Any testing that I do not intend to do is listed below along with my reasoning for declining.

I have read and agree with the above conditions.

client sign and date

insurance information (type, group#, plan#, ID#)

midwife sign and date