

FAX TO: 212-741-2228

DATE: _____

Village Obstetrics

minimally invasive obstetrics

George Mussalli, MD

Jaqueline Worth, MD

Request for High Risk Consultation or Transfer of Care

Referring MD/CNM: _____

Phone: _____

Fax: _____

Email: _____

Address: _____

Patient Name: _____

Patient Phone: _____

Due Date: _____

Circle one: High Risk Consult | Transfer of Care

Reason for Consultation/Transfer:

www.villageobstetrics.com

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