

Request for Maternal Fetal Medicine Services

Patient Name _____ Previous Last Name _____
Date of Birth _____ Age _____ Social Security Number _____
Previous Maternal Fetal Medicine Patient? Yes No What year _____

Services Requested (please check all that apply):

- Complete sonogram with consult and genetic counseling as indicated
- Complete sonogram and genetic counseling as indicated
- Follow-up sonogram
- Nuchal Translucency/Sequential Screening (includes genetic counseling + blood draws)
- Nuchal Translucency plus Detailed U/S at 18-20 weeks (includes genetic counseling + blood draws)
- Biophysical profile
- AFI + Doppler
- Genetic Counseling only
- First Trimester Screening
- Amniocentesis (includes genetic counseling and consult)
- CVS (includes genetic counseling and consult)
- Preconception consult (may include genetic counseling)
- Amnio, fetal-lung maturity
- Pregnancy diabetes glucose management
- Consult (sonogram as indicated)

Requesting Provider Name _____ Phone _____

Requesting Provider Signature _____ Date _____

Patient's Contact Numbers: Day _____ Evening _____ Cell _____

Interpreter Needed: Yes No Language _____

Gravida ___ Para ___ LMP _____ EDC by LMP _____ or EDC by Sono _____

Blood Type _____ Antibody _____ Antibody titer _____

Last ultrasound date and location _____

Clinical Indication for Services Requested:

- Abnormal finding U/S
- Diabetes, gestational
- First trimester screening
- History of stillbirth
- Hypertensive disorder
- Incompetent cervix
- Large for dates
- Obesity, morbid BMI _____
- Poor fetal growth
- Preterm labor
- Repetitive miscarriage
- Screening for malformations/chromosome abnormalities
- Suspected fetal anomaly
- Twins
- Triplets
- Vaginal bleeding
- Other (e.g. specific signs/symptoms) _____
- Advanced Maternal Age
- Diabetes, pre-existing (Type I or II)
- Small for dates
- Twin to twin transfusion

What we need from you: prenatal records, prenatal labs, other pertinent labs and ultrasound reports

Please fax this completed form to 785-354-5984