

Referring Provider: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Practice Address \_\_\_\_\_ PCP Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_ MRN# \_\_\_\_\_

DOB: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Will a supplied interpreter be needed for this appointment?  No  Yes Language: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Subscribers Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group# \_\_\_\_\_ Subscribers DOB \_\_\_\_\_

## Referral for Radiology Department | Maternal-Fetal Medicine & Prenatal Diagnosis Program

### Appointment Request Information:

Currently Pregnant?  Yes  No

Gravida \_\_\_\_\_ Para \_\_\_\_\_ SAB \_\_\_\_\_ EAB \_\_\_\_\_ Living \_\_\_\_\_ Stillborn \_\_\_\_\_ LMP \_\_\_\_\_ EDD \_\_\_\_\_

Date of first US \_\_\_\_\_ Gestational age of US \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_ MCV \_\_\_\_\_ Is the patient aware of this referral?  Yes  No

### Appointment Request Indication(s) – Evaluate and Treat as Appropriate:

Maternal Age (1st preg  O09.519 2nd & up  O09.529) \_\_\_\_\_  Abnormal Ultrasound Finding (O28.3): \_\_\_\_\_

Screen Positive for Down Syndrome ( O028.5) \_\_\_\_\_  Previous Pregnancy Abnormalities (O09.291) \_\_\_\_\_

Screen Positive for Trisomy 18 ( O028.5) \_\_\_\_\_  Multiples:  Twins (O30.009)  Triplets (O30.191)  Other: \_\_\_\_\_

Screen Positive for Neural Tube Defect ( O028.5) \_\_\_\_\_  Maternal Condition: \_\_\_\_\_

Family History: \_\_\_\_\_  Other: \_\_\_\_\_

Required ICD10  \_\_\_\_\_

### Service(s) Requested-Please check desired ultrasound boxes

Nuchal Translucency Ultrasound (w/ WIH lab requisition)

Endovaginal  cervical length  dating/viability ≤ 14 wk

Targeted Morphology (Level 2) Ultrasound

Growth (EFW/Growth) – Singleton

Growth (EFW/Growth) – Multiples

Biophysical Profile

Doppler Studies  MCA  UA

Genetic Counseling

Telehealth Genetic Counseling

Maternal-Fetal Medicine Consultation

Transfer of Care

Fetal Echocardiogram

Other: \_\_\_\_\_

### Location preference:

**Lebanon**

One Medical Center Drive

Lebanon, NH 03756

Phone: (603) 653-9300 opt#7

**Bedford**

5 Washington Place

Bedford, NH 03104

Phone: (603) 695-2902

**Concord**

253 Pleasant Street

Concord, NH 03301

Phone: (603) 695-2902

**Nashua**

2300 Southwood Drive

Nashua, NH 03060

Phone: (603) 695-2902

### For all locations:

Fax: (603) 640-1909