

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) 676-4080 Medically Urgent Fax: (603) 640-1909