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

**Appointment Request Information:**

<table>
<thead>
<tr>
<th>Currently Pregnant?</th>
<th>☑ Yes</th>
<th>☑ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gravida</td>
<td>Para</td>
<td>SAB</td>
</tr>
<tr>
<td>Date of first US</td>
<td>Gestational age of US</td>
<td>Height</td>
</tr>
</tbody>
</table>

**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)
- ☑ Genetic Counseling
- ☑ Endovaginal ☑ cervical length ☑ dating/viability ≤ 14 wk
- ☑ Telehealth Genetic Counseling
- ☑ Targeted Morphology (Level 2) Ultrasound
- ☑ Maternal-Fetal Medicine Consultation
- ☑ Growth (EFW/Growth) – Singleton
- ☑ Transfer of Care
- ☑ Growth (EFW/Growth) – Multiples
- ☑ Fetal Echocardiogram
- ☑ Biophysical Profile
- ☑ Other: ___________________________
- ☑ Doppler Studies ☑ MCA ☑ UA

**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