

Referring Provider: _____ Office Phone: _____

Practice Name: _____ Fax: _____

Practice Address: _____

Patient Name: _____ DOB: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Mailing Address: _____

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

Health Insurance: _____ Subscriber's Name: _____

Policy #: _____ Group #: _____ Subscriber's DOB: _____

Referral for Maternal-Fetal Medicine & Reproductive Genetics

Appointment Request Information:

Weight (lb): _____ Height (ft/in): _____ Blood Type: _____

Gravida: _____ Term: _____ Preterm: _____ SAB: _____ TOP: _____ Living: _____

Pregnant? No Yes, LMP: _____ EDD: _____ Basis of EDD? LMP US Other

Services Requested:

CONSULTATION

- Genetic Counseling
- Maternal-Fetal Medicine
 - Consult for Maternal or Obstetrical Condition
 - Diabetes Co-Management
 - Transfer of Care/Delivery at DHMC

ULTRASOUND (INCLUDES MFM CONSULT TO REVIEW RESULTS)*

- First Trimester IMG3544/1095
- Nuchal Translucency IMG1048/1694
- Detailed Anatomy IMG533/1218
- Cervical Length IMG3618
- Amniocentesis IMG563

Available After Detailed Anatomy US at DH:

- Follow-Up for Limited Views IMG3591/3647
- Follow-Up Growth/Anatomy LEB-IMG1703/1704
CGP-IMG3617

! Ordering Provider Signature: _____ **Date:** _____

* A separate consultation does not need to be ordered to review the ultrasound results. Ultrasounds are followed by an MFM consult unless checked here: READ ONLY US – ordering provider is responsible for recommended follow-up orders - **Initials:** _____

Reason for Referral:

- Advanced Maternal Age O09.519/O09.529
- Family History Z84.89
- Maternal BMI ≥ 30 O09.210
- Maternal Condition O09.90
- Multiple Gestation O30.90
- Other, specify ICD-10 code: _____
- Positive AFP Screen for Neural Tube Defect O28.3
- Positive Genetic Carrier Screen Z14.8
- Positive Screen for Chromosome Condition O28.5
- Prior Pregnancy History O09.299
- Ultrasound Finding O28.3

NOTES:

Location Preference: Lebanon Bedford Concord Nashua Telehealth

FAX - ALL LOCATIONS: (603) 640-1909

! Please include visit notes, ultrasound reports, genetic testing reports, and lab results to avoid scheduling delays.