

Referral Phone: 414.337.4776 • Fax: 414.337.1884

Fax completed form, along with prenatal records, labs and US reports to 414.337.1884

Patient Information	Referring Provider Information
Patient Name: _____	Provider Name: _____
Date of Birth: _____	Provider Address: _____
Home Phone Number: _____	Phone Number: _____
Work Phone Number: _____	Fax Number: _____

Diagnosis and Diagnostic Code:

1) _____ 3) _____

2) _____ 4) _____

EDC _____ by LMP _____ or US @ _____ wks

Schedule service in _____ weeks or Specific Gestational Age _____ # Gestations _____

**The following exams will automatically be performed if the following history or condition is met:
 (If more than one gestation, perform the same for each additional gestation)**

- If diabetic, chronic asthma, hypertension, hypothyroidism, hyperthyroidism, cardiac disease, lupus, blood disorder, sickle cell; perform Fetal Anatomic Study, ante-partum testing, growth and TVUS.
- If advanced maternal age, perform Fetal Anatomic Study, ante-partum testing, growth and TVUS.
- If Abnormal screening test, perform Fetal Anatomic Study, ante-partum testing, growth and TVUS.
- If history of pre-term delivery, perform Fetal Anatomic Study, ante-partum testing, growth and TVUS.
- If first trimester screen perform TVUS, ante-partum testing, growth and NT (nuchal translucency).
- If morbid obesity/history of bariatric surgery, perform Fetal Anatomic Study, ante-partum testing, growth and TVUS.
- If history of current drug use (tobacco, alcohol, street drugs), perform Fetal Anatomic Study, ante-partum testing, growth and TVUS.
- If history of VTE, PE, Intrauterine fetal death, abnormal amniotic fluid level, Oligohydramnios, Polyhydramnios, fetal anomaly, perform Anatomic Study, ante-partum testing, growth and TVUS.
- If multiple gestation, perform Fetal Anatomic Study, ante-partum testing, growth for each fetus and TVUS.
- In abnormal fetal growth, large or small gestational age, IUGR perform Fetal Anatomic Study, TVUS, BPP, ante-partum testing, growth and Umbilical Artery Doppler.
- If Isoimmunization perform Fetal Anatomic Study, TVUS, ante-partum testing, growth and Mid Cerebral Artery.
- If history of, or current gestational diabetes perform Fetal Anatomic Study, ante-partum testing, growth and TVUS.

 Interpretive Services Needed: Yes No Language: _____

Additional pertinent maternal, fetal or obstetrical information: _____

 Referring Physician Signature: _____ Date: _____ Time: _____
(Required)

Referring Physician Name Printed: _____

Internal Use Only
Visit Type

-
- New Physician
-
- Ultrasound
-
- Genetics Counselor

APPLY DT BARCODE STICKER MD Referral Accepted DT 346 MD Referral Denied DT 9901
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