Maternal-Fetal Medicine of Texas

MATERNAL-FETAL MEDICINE OF TEXAS

pediatrix

Referrals

Fort Worth/Surrounding Area: 682-267-8694 • Fax: 817-887-5733
Dallas Location: 214-884-2632 • F: 469-619-2261

Patient: _____ Date: _____

DOB: _____ Age: _____ Referring Provider: _____

SSN#: _____ Contact: _____

Address: _____ Phone: _____

Phone: _____ Fax: _____

LMP: _____ EDD: _____

PLEASE FAX THIS REQUEST FORM WITH COPY OF THE INSURANCE CARD, PRENATAL RECORDS AND LAB RESULTS

Insurance: _____ Policy Number: _____

Policy Holder: _____ Group Number: _____

Secondary Insurance: _____ Policy Number: _____

Services Requested

- ❑ Consultation
- ❑ Ultrasound w/Consultation, if Applicable
- ❑ Biophysical Profile and/or NST
- ❑ Genetic Counseling
- ❑ Genetic Amniocentesis
- ❑ Fetal Lung Maturity Amniocentesis
- ❑ 1st Trimester/Sequential Screening w/Consultation
- ❑ Transfer of Total OB/Assume Care
- ❑ Fetal Echocardiography
- ❑ Chorionic Villus Sampling
- ❑ Version
- ❑ Other _____

Indication

- ❑ Abnormal Quad/Triple Screen
- ❑ Advanced Maternal Age
- ❑ Choroid Plexus Cyst
- ❑ Diabetes
- ❑ Echogenic Cardiac Foci
- ❑ Fibroids, Uterine
- ❑ HX of Birth Defects/Genetic Disease
- ❑ Hyperthyroidism/Hypothyroidism
- ❑ IUGR
- ❑ Late Prenatal Care
- ❑ Medication Exposure
- ❑ Multiple Gestation
- ❑ Pelviectasis
- ❑ Poor OB History
- ❑ Post Dates
- ❑ Size/Date Discrepancy
- ❑ Suspected/Known Fetal Abnormality
- ❑ Threatened AB
- ❑ Other _____

Appointment: Date _____ Time _____

Location: ❑ Alliance ❑ Baylor All Saints ❑ Baylor Hoblitzelle (BUMC) ❑ Grapevine ❑ Harris Center ❑ Harris Southwest ❑ Mansfield ❑ Wichita Falls

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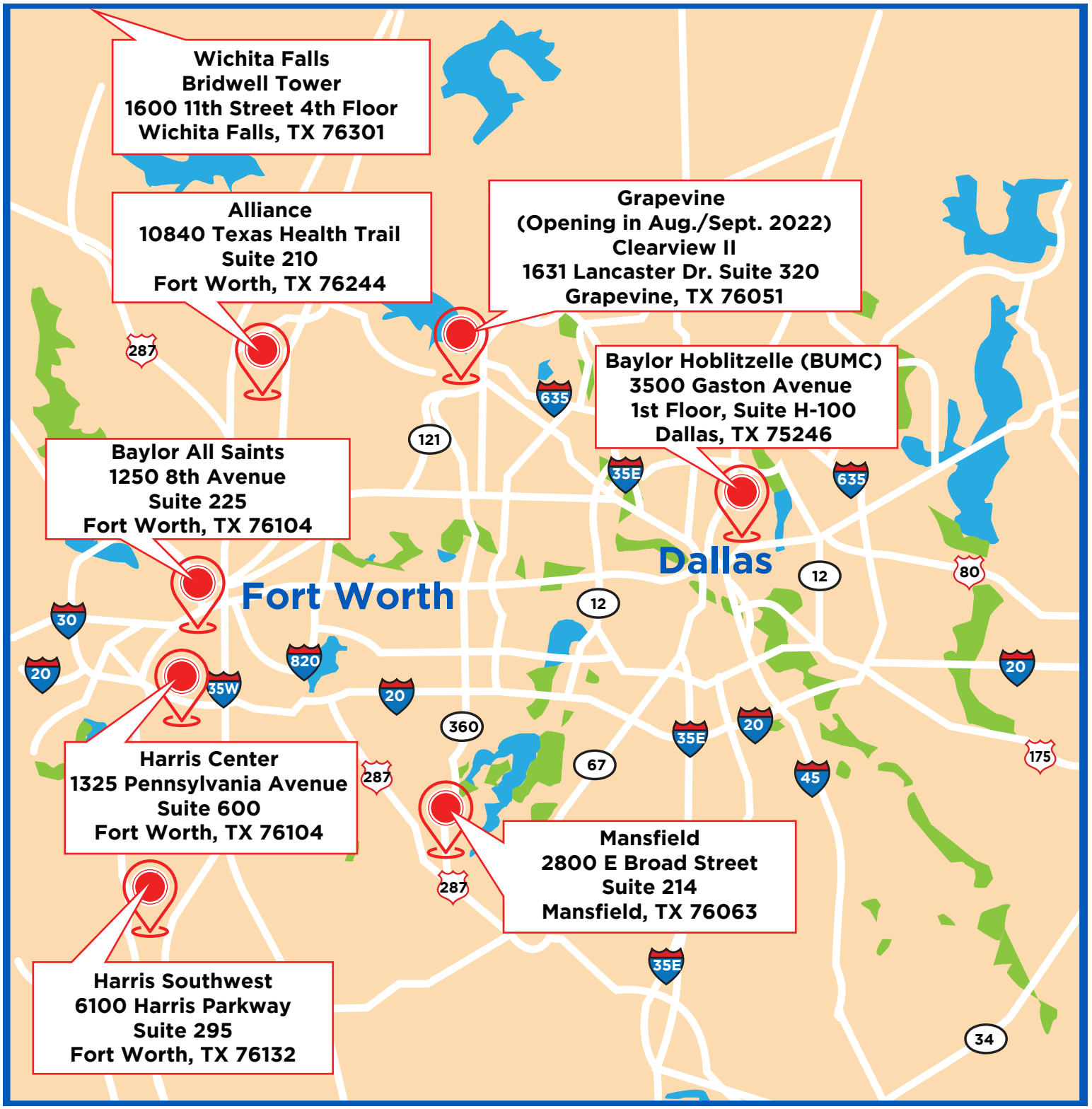

Your opinion matters!

If you receive a survey via email by *Press Ganey*, please complete it and let us know how we can improve.