MATERNAL-FETAL MEDICINE SPECIALISTS OF GEORGIA

obstetrix
Part of Pediatrix Medical Group

Centralized Referral Fax: **1-855-458-3462**

(Please do not fax to individual offices)

Preferred Appointment Location: ATLANTA FORSYTH GWINNETT ATHENS

Date of Request: _____ Requesting provider/office: _____ **STAT** (Please mark):_____

Office contact: _____ Phone #: _____ Fax #: _____

Patient Name:_____ Date of Birth:_____ Patient Phone #:_____

Address:_____

Patient email:_____Alternative Phone #:_____

Insurance Name:_____ Policy No:_____

Secondary Insurance Name:_____Policy No:_____

SERVICES REQUESTED:

□ Consultation (includes appropriate ultrasound). Indication:_____

□ Ultrasound *only** (with consultation if indicated by fetal anomaly). Indication:_____

**please note our providers review all ultrasound results with all patients*

□ Amniocentesis (includes genetic counseling)

□ CVS (includes genetic counseling)

□ Genetic counseling. Indication: _____

□ Preconception counseling (records must be received prior to scheduling). Indication:_____

CLINICAL INFORMATION:

Please Indicate: □ Singleton □ Twins □ Triplets Interpretation services needed (Language):_____

EDD* selected by OB provider: _____ LMP:_____ ***Include dating ultrasound with referral**

Gravida____ Para: T__P__A__L__

□ Abnormal aneuploidy screen _____
□ Abnormal MS-AFP screen
□ Advanced Maternal Age
□ Bleeding
□ Diabetes,Pre-existing (Type I or II)
□ Diabetes, Gestational
□ Hypertension
□ Hx Preterm delivery at ____ weeks

□ Isoimmunization
□ IVF
□ Incompetent Cervix
□ FGR
□ Multiples_____
□ Obesity - BMI:____
□ Oligohydramnios
□ Placenta previa

□ Polyhydramnios
□ Screening for malformations
□ Size/Dates Discrepancy
□ Suspected fetal anomaly:_____ _____
□ Other: _____
□ _____

PLEASE FAX THE FOLLOWING REPORTS WITH REFERRAL FORM:

[] Blood type/Rh
[] Prenatal records & Labs
[] NIPT/ Aneuploidy screen
[] Carrier screening
[] Dating ultrasound
[] Abnormal labs

Thank you for your referral! We will contact your patient within 3 business days to schedule .

pediatrix.com/maternalfetalspecialists

SCHEDULING NOTES

Appt date:_____ Appt time: _____ Appt location:_____