MATERNAL-FETAL MEDICINE OF TEXAS | obstetrix Part of Pediatrix Medical Group

Referral Appointment Request

Please fax your referral to: 817-887-5733

PREFERRED LOCATION (if applicable)

☐ Alliance ☐ Baylor All Saints ☐ Baylor Hoblitzelle (BUMC) ☐ Grapevine ☐ Harris Center ☐ Harris Southwest ☐ Mansfield ☐ Wichita Falls

REFERRING PROVIDER

Referring Physician and Clinic: _____

Phone: _____ Fax: _____

PATIENT INFORMATION

Patient First Name: _____ MI: _____ Last Name: _____

DOB: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Does your patient require an interpreter? ❒ YES ❒ NO If YES, language spoken: _____

INSURANCE INFORMATION **Please provide a copy of insurance card.**

Insurer: _____ ID #: _____ Group #: _____

Policy Holder: _____ DOB: _____ Relationship to Patient (if applicable): _____

REQUIRED INFORMATION

LMP: _____ EDD: _____ G: _____ P:_____ Blood type: _____ Antibody screen: _____

NIPT: ❒ Normal ❒ Abnormal ❒ Not done BMI:_____ IVF: ❒ Yes ❒ No

❒ Singleton ❒ Twins ❒ Other: _____

LEVEL OF PARTICIPATION:

❒ Consultation with subsequent outpatient visits/ultrasounds (co-management)
❒ Transfer of care
❒ Other: _____

INDICATIONS:

❒ Abnormal NIPT
❒ Advanced maternal age
❒ Bleeding
❒ Diabetes, gestational
❒ Diabetes, pre-existing (Type I or Type II)
❒ History of IUFD or stillbirth
❒ Hypertension: chronic or gestational (please circle one)
❒ IVF
❒ Known/suspected fetal anomaly
❒ Known/suspected placental abnormality
❒ Known/suspected polyhydramnios/olighyramnios
❒ Maternal medical complication: _____
❒ Medication exposure
❒ Multifetal gestation
❒ Obesity, BMI: _____
❒ Other genetic condition: _____
❒ Preterm labor
❒ Recurrent pregnancy loss
❒ Seizure disorder
❒ Size/date discrepancy
❒ Viability
❒ Other: _____

ULTRASOUNDS/PROCEDURES: Consultation will be included if indicated by ultrasound findings.

❒ First trimester screening
❒ Detailed first trimester ultrasound
❒ Detailed second trimester ultrasound
❒ Screen for malformations, anatomy scan
❒ Growth ultrasound
❒ Biophysical profile (BPP)
❒ Fetal echocardiogram
❒ Amniocentesis
❒ CVS
❒ NST

CONSULTATIONS/COUNSELING:

❒ MFM consult with ultrasound, if indicated
❒ Preconception
❒ Diabetes and pregnancy
❒ Genetic counseling

Please fax this request form with a copy of the insurance card, prenatal records and lab results.

Visit our website for more information on locations and clinicians. pediatrix.com/MFMTexas