

## Referral Appointment Request

Please fax your referral to: 214-345-2369

### PREFERRED LOCATION (if applicable)

- ☐ Dallas Office - M. Perot Building  
Dallas, TX 75231
- ☐ Allen Office - Twin Creeks Building II  
Allen, TX 75013
- ☐ Richardson Office  
Richardson, TX 75082
- ☐ Rockwall Office  
Rockwall, TX 75087

### 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/oligohydramnios
- ☐ 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
- ☐ Gyn pelvic US (non-obstetric)
- ☐ NST

### CONSULTATIONS/COUNSELING:

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

Please fax all ultrasound reports, prenatal labs, maternal screening and copy of insurance card with this request.