

Take great care of the patient.®

- First Available
- Nashville
- Hendersonville
- Hermitage

Harold A. Bivins, Jr., MD
Solita R. Harris, MD
Mitna Ngo, WHNP-BC

OBXNashville@Pediatrix.com

CALL 615.760.5231
FAX Records to
615.760.5486

Ultrasound Checklist:

- FACESHEET & INS CARD

Consult Checklist:

- FACESHEET & INS CARD
 PRENATAL FLOWSHEET
 PRENATAL LABS
 PREVIOUS ULTRASOUND(S)
 MATERNAL SCREENING

TODAY'S DATE: _____

PATIENT: _____

LMP: _____

EDC: _____

DOB: _____ PREFERRED #: _____

REFERRING OB: _____ OFFICE CONTACT: _____

OFFICE #: _____ FAX #: _____

***Is the patient aware of this referral?* Y / N**

Services Ordered:

PLEASE CHECK ALL THAT APPLY FOR THIS REFERRAL:

- Ultrasound Only: Type of Ultrasound (i.e. Dates/Growth/BPP/Doppler/Anatomy/Cervical Length) _____
- First Trimester Screening/Nuchal Translucency/NIPT
- Physician Consult Only
- Physician Consult with Ultrasound Fetal Echocardiogram
- Genetic Counseling - Followed by first trimester screening or detailed ultrasound dependent upon gestational age
- Preconception Counseling
- Comanagement

Indications:

PLEASE CHECK ALL THAT APPLY FOR THIS REFERRAL:

- Routine Screening for Malformations
- Bleeding
- Suspected Ectopic
- Size/Date Discrepancy
- Advanced Maternal Age
- Seizures
- Type 1DM
- Type 2DM
- Gestational DM
- Abnormal AFP
- Abnormal NIPT
- Thyroid Dysfunction
- Multiple Gestation
- Suspected Fetal Anomaly
- Known Fetal Anomaly
- Obesity
- Hypertension
- Medication Exposure
- Fetal Arrhythmia
- Recurrent Pregnancy Loss
- Family Hx of Congenital Anomaly
- Other: _____