Obstetrix Medical Group of Dallas
Maternal-Fetal Medicine Specialists
Phone: 469-627-1000 • Fax: 214-345-2369

OBSTETRIX MEDICAL GROUP
an affiliate of MEDNAX

Patient: _____ Date: _____

DOB: _____ Age: _____ Referring Provider: _____

Address: _____ Contact: _____

Phone: _____ Phone: _____

LMP: _____ EDD: _____ Fax: _____

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

Insurance: _____ Policy Number: _____

Policy Holder: _____ Group Number: _____

Policy Holder DOB: _____ Phone: _____

SERVICE REQUESTED

Maternal-Fetal Medicine Consult

Maternal Problems

- ❑ Maternal preexisting medical condition
- ❑ Maternal disease or adverse event in pregnancy
- ❑ Maternal other issues (e.g., exposure, medication, etc.)
- ❑ Other _____

Fetal Problems

- ❑ Suspected fetal malformation(s)
- ❑ Suspected fetal chromosomal abnormality
- ❑ Abnormal sonogram/MRI
- ❑ Other _____

Genetic Counseling

Maternal Problems

- ❑ Advanced maternal age
- ❑ Exposure to teratogens/medications/other
- ❑ Other _____

Fetal Problems

- ❑ Family history of hereditary disease or malformation
- ❑ Abnormal fetal aneuploidy testing
- ❑ Other _____

Diagnostic Ultrasound and Antepartum Fetal Testing

- ❑ 1st trimester sonogram (viability, location, twins, etc.)
- ❑ 1st trimester sonogram aneuploidy screening
- ❑ 2nd trimester detailed fetal anatomy scan
- ❑ Fetal echocardiogram
- ❑ Biophysical profile and/or NST
- ❑ Invasive fetal diagnosis (amniocentesis, CVS)
- ❑ Fetal doppler study investigation-surveillance
- ❑ Other _____

Appointment: Date _____ Time _____

Location: ❑ Allen ❑ Dallas ❑ Richardson ❑ Rockwall

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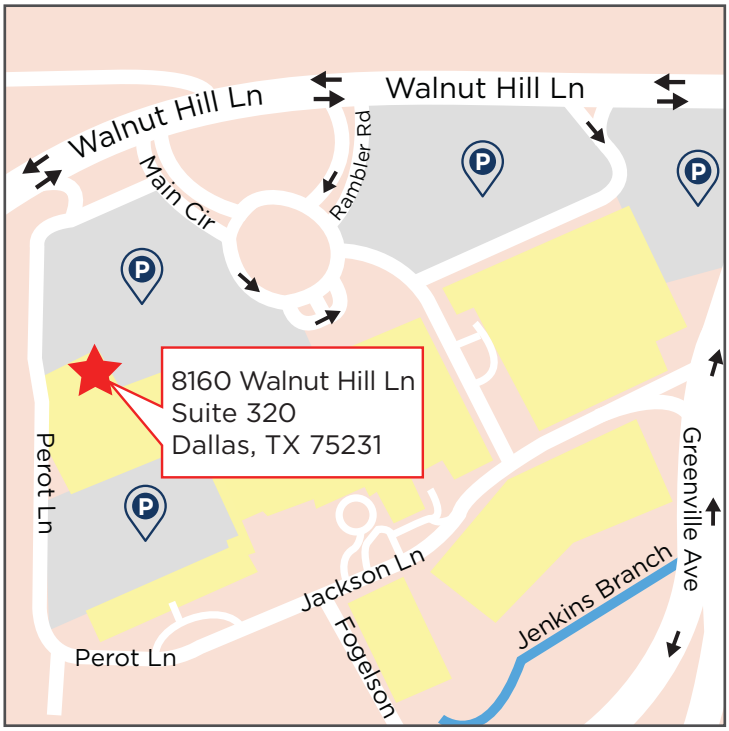
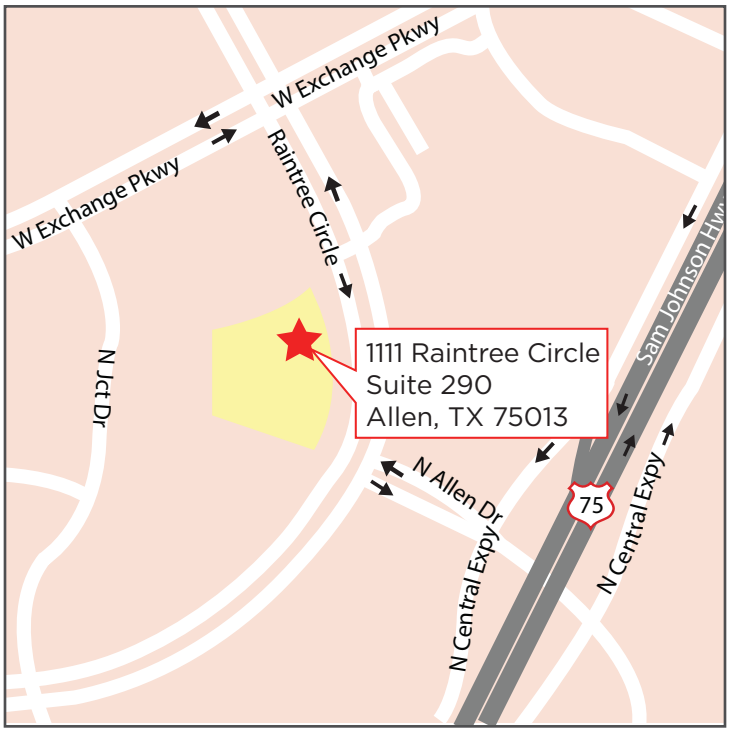
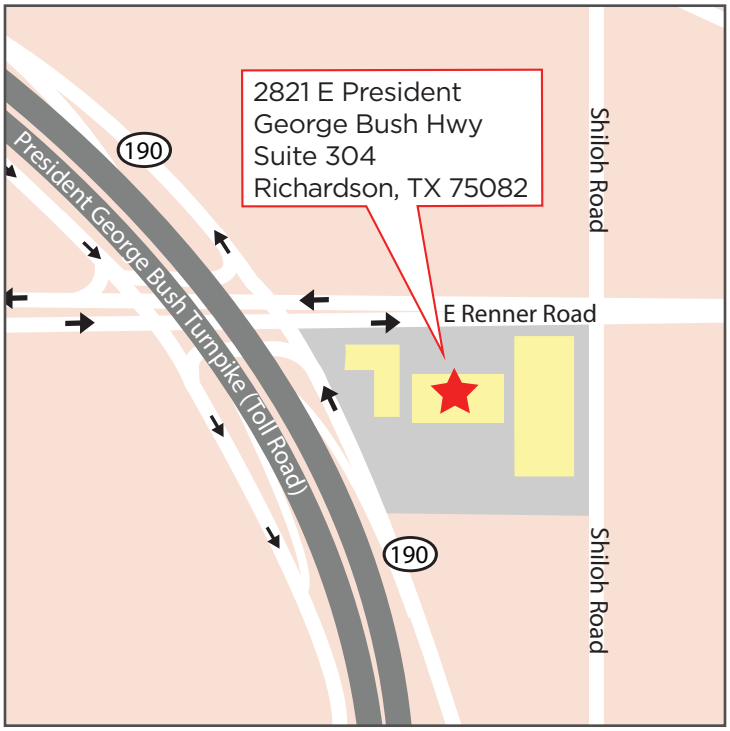
DALLAS OFFICE • M. PEROT BUILDING



ALLEN OFFICE • TWIN CREEKS BUILDING II



RICHARDSON OFFICE



ROCKWALL OFFICE

Your opinion matters!
If you receive a survey via e-mail by *Press Ganey*, please complete it and let us know how we can improve.