



Fetal Care Referral/Order

Name: _____
 MR #: _____
 DOB: _____
 or Apply Patient Label

Phone: (602) 933-4411
 Fax: (602) 933-4268

Today's Date: _____

****PLEASE ATTACH****

- PATIENT DEMOGRAPHICS US REPORTS RELEVANT RECORDS FETAL GENETIC STUDIES

Patient Name:		DOB:
Patient Phone:	Mobile:	Alt. or Emergency number:
Referring Physician:	Phone:	Fax:
Practice Contact:	Phone:	
EDC:		
Suspected Fetal Diagnosis/ICD-10 Code(s):		
Additional Information:		
Referral Request		
Select one:	<input type="checkbox"/> Stat	<input type="checkbox"/> Routine
Fetal Diagnostics		
<input type="checkbox"/>	Fetal MRI and US Follow-up -Single Gestation (74712, 76816):	
<input type="checkbox"/>	Fetal MRI and US Follow-up -Multiple Gestation (74713,76816): X _____	
<input type="checkbox"/>	MRI Pelvis (Suspected Placenta concerns only-72195)	
<input type="checkbox"/>	US Follow-up (76816):	
<input type="checkbox"/>	Transvaginal US (Suspected Placenta Accreta only-76817):	
Fetal Cardiology		
<input type="checkbox"/>	Fetal Echo and Cardiology Consult (76825,76827,93325)	
Consultations		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiothoracic Surgery	Neurology	Plastic Surgery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genetics	Neurosurgery	Psychology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hematology/Oncology	Orthopedics	Urology
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neonatology	Palliative Care	Other (please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephrology	Pediatric Surgery	Other (please specify)

Physician Signature: _____ **Date:** _____ **Time:** _____

Physician Printed Name: _____

REFERRING PHYSICIAN INSTRUCTIONS

- If an urgent appointment is needed, please contact the clinic scheduler at 602-933-4411.**
- Non-urgent appointments: fax referral form, records, authorization/referral to 602-933-4268.
- Once received, patient will be contacted to schedule an appointment within 24 hours if all records are received.

