

Fetal Echo Appointment Request

Date: _____

Patient Name: _____ DOB: _____

Telephone: _____

Indication:

- Family history of congenital heart disease
- Maternal diabetes mellitus
- Suspicion of congenital heart disease on obstetrical ultrasound
- Fetal arrhythmia
- Extracardiac congenital anomalies
- Maternal systemic lupus erythematosus
- Chromosome anomaly
- Teratogen exposure
- Identification of nonimmune hydrops fetalis
- Polyhydramnios
- Increased nuchal translucency in first trimester

Additional considerations include:

- Maternal PKU
- Maternal infection

Referring Physician Information

Name: _____

Telephone: _____ Fax: _____



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