Greater Nashville MFM

an affiliate of MEDNAX®

Take great care of the patient.®

- ◯ First Available
- ◯ Franklin
- ◯ Hendersonville
- ◯ Hermitage
- ◯ Murfreesboro
- ◯ Nashville
- ◯ Smyrna

Alvie Richardson, MD
Michael DeRoche, MD
Shawn Stallings, MD

OBXNashville@Mednax.com

FAX to
615-760-5486

Ultrasound Checklist:
☐ FACESHEET & INS CARD

Consult Checklist:
☐ FACESHEET & INS CARD
☐ PRENATAL FLOWSHEET
☐ PRENATAL LABS
☐ PREVIOUS ULTRASOUND(S)
☐ MATERNAL SCREENING

PLEASE SCHEDULE: ☐ **FIRST AVAILABLE / ☐ IN _____ WEEKS. PATIENT TO SEE OB AGAIN: _____**

PATIENT SCHEDULED FOR:

_____
☐ **OUR OFFICE HAS NOTIFIED PATIENT**

☐ **PRENATAL RECORDS STILL NEEDED**

☐ **PATIENT DECLINED TO SCHEDULE APPOINTMENT**
☐ **COULD NOT REACH PATIENT AT:_____**
☐ **PATIENT DID NOT RETURN CALLS / VOICEMAIL**
☐ **THE PATIENT WAS CALLED ON:**
1st Attempt: _____
2nd Attempt: _____
3rd Attempt: _____

TODAY'S DATE: _____

LMP: _____

PATIENT: _____

EDC: _____

DOB: _____ PREFERRED #: _____

REFERRING OB: _____ OFFICE CONTACT: _____

OFFICE #: _____ FAX #: _____

Services Ordered (Required)

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

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
- ☐ Physician Consult Only
- ☐ Physician Consult with Ultrasound
- ☐ Fetal Echocardiogram
- ☐ Genetic Counseling - Followed by first trimeter screening or detailed ultrasound dependent upon gestational age
- ☐ Preconception Counseling

Diagnosis (Required)

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 Disfunction
- ☐ Multiple Gestation
- ☐ Suspected Fetal Anomaly
- ☐ Known Fetal Anomaly
- ☐ Obesity
- ☐ Hypertension
- ☐ Medication Exposure
- ☐ Fetal Arrhythmia
- ☐ Recurrent Pregnancy Loss
- ☐ Family Hx of Congenital Anomaly
- ☐ Other: _____