

Greater Nashville MFM
an affiliate of **MEDNAX®**

Take great care of the patient.®

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

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
- Genetic Counseling - Followed by first trimester screening or detailed ultrasound dependent upon gestational age
- Preconception Counseling
- Fetal Echocardiogram

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