

Thank you for referring your patients to our office.

To help expedite scheduling patients please include demographic, records, and labs with the referral.

Please make sure all **REQUIRED** information is filled out

- EDD
- LMP
- Blood type
- Antibody screen
- U/S indication if pregnant

Missing information may delay scheduling the patient.

Abnormal lab result referrals should include:

- Lab results
(if labs are pending please let us know on the referral)
- Make sure patient's blood type is on the actual report from the Labs.

Please indicate which trimester ultrasound you are requesting.

Missing ultrasound indication may result in the delay of scheduling the patient.

Make sure to indicate TWINS/ TRIPLETS/ IVF pregnancy on referral

Established patients with **new diagnosis** will require a **new referral with labs**

Ex: GDM, GHTN, ABN results

We will attempt to contact the patient three times.

Please allow us 24 business hours to contact the patient to schedule.

After appointment has been made, an appointment confirmation will be faxed to your office.

Please call us at **281-941-2237** for any ASAP referrals or concerns you may have.