

**Referrals**

Fort Worth/Surrounding Area: 682-267-8694 • Fax: 817-878-5283  
Dallas Location: 214-884-2632 • F: 469-619-2261

Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Referring Provider: \_\_\_\_\_  
SSN#: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
LMP: \_\_\_\_\_ EDD: \_\_\_\_\_

**PLEASE FAX THIS REQUEST FORM WITH COPY OF THE INSURANCE CARD, PRENATAL RECORDS AND LAB RESULTS**

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Secondary Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Services Requested**

- Consultation
- Ultrasound w/Consultation, if Applicable
- Biophysical Profile and/or NST
- Genetic Counseling
- Genetic Amniocentesis
- Fetal Lung Maturity Amniocentesis
- 1st Trimester/Sequential Screening w/Consultation
- Transfer of Total OB/Assume Care
- Fetal Echocardiography
- Chorionic Villus Sampling
- Version
- Other \_\_\_\_\_

**Indication**

- Abnormal Quad/Triple Screen
- Advanced Maternal Age
- Choroid Plexus Cyst
- Diabetes
- Echogenic Cardiac Foci
- Fibroids, Uterine
- HX of Birth Defects/Genetic Disease
- Hyperthyroidism/Hypothyroidism
- IUGR
- Late Prenatal Care
- Medication Exposure
- Multiple Gestation
- Pelviectasis
- Poor OB History
- Post Dates
- Size/Date Discrepancy
- Suspected/Known Fetal Abnormality
- Threatened AB
- Other \_\_\_\_\_

**Appointment:** Date \_\_\_\_\_ Time \_\_\_\_\_

**Location:**  Alliance  Baylor All Saints  Baylor Hoblitzelle (BUMC)  Harris Center  Harris Southwest  Mansfield

