OBSTETRIX®
MEDICAL GROUP

Maternal-Fetal Medicine Referral
900 E. Hamilton Ave., #220, **Second Floor**, Campbell, CA 95008
For appointments call 408-371-7111 or Fax 408-371-1165

Requesting Provider: _____ Phone No:_____ Date of Request:_____

Patient Name: _____Date of Birth: _____

Patient Phone Number:_____ Alternate Number:_____

Insurance Name: _____HMO ___ PPO ___ EPO ___ POS ___

Interpreter Needed: Y / N Indicate preferred language:_____

CLINICAL INFORMATION:

Please Indicate: □ Singleton □ Twins □ Other _____

EDC: _____ EDC Based on: □ LMP_____ □ US at _____wk _____d on _____(date)

Gravida:_____ Para:_____ SAB:_____ TAB:_____ Current Weight::_____ IVF: Y / N_____

INDICATIONS:

□ Abnormal Screening Results
□ Abnormal Analytes_____
□ Advanced Maternal Age
□ Bleeding
□ Diabetes, Pre-existing (Type I or II)
□ Diabetes, Gestational
□ Growth
□ History of Stillbirth
□ Incompetent Cervix
□ IUGR
□ Late Prenatal Care
□ Multiples _____
□ Obesity
□ Oligohydramnios
□ Placenta Previa
□ Polyhydramnios
□ Preterm Labor
□ Repetitive Miscarriage
□ Screening for Malformation
□ Size/Dates Discrepancy
□ Suspected / Known Fetal Anomaly
□ Other_____

ULTRASOUNDS: (Allow 1-1 1/2 hours for US and procedures) PROCEDURES/TESTS:

Our policy is to perform Detailed Ultrasound in 2nd & 3rd trimester for any patient we have not seen previously in current pregnancy
Our policy is to perform a transvaginal cervical length screen at 18-24 wks
Referring provider authorizes MD consultation if abnormal US findings unless explained here_____

□ NT with 1st tri US if indicated
□ NT with 1st tri US and Detailed US at 18-20 weeks
Please indicate: 1st tri blood drawn Y / N Form no._____
□ Detailed US at _____weeks
□ Fetal echo
□ BPP
□ TVUS
□ Amniocentesis (includes genetic counseling)
□ CVS (includes genetic counseling)
□ Fetal Lung Maturity Amnio with NST
□ NST / AFI
□ Multi-Fetal Reduction
□ Other _____

PLEASE FAX PRENATAL LABS / SCREENING RESULTS FOR THIS PREGANCY TO INCLUDE:
Blood Type/Rh **CA Prenatal Screening Results** **Other Non-invasive Testing Results**

CONSULTS/TRANSFER OF CARE: (Allow 1 hour for consultation)

Prenatal records/labs required prior to scheduling

□ MD Consultation (□ pre-conception)
□ MD Consult with US if indicated
□ Consult to Transfer Prenatal Care / Reason:_____
□ Multiples Consult for Reduction
□ Genetic Counseling
□ Other_____

DIABETES/NUTRITIONAL SERVICES: (Allow 2 hours for initial diabetes visit)

□ Diabetes and Pregnancy Program (Nutrition therapy, blood glucose monitoring)
□ NST at 34 weeks if indicated
□ Nutritional Services Only

50 gm GTT: Result_____ Date:_____ Preconception weight:_____

100 gm GTT: Fasting_____ 1 hr_____ 2hr_____ 3hr_____ Date:_____

75 gm GTT: Fasting_____ 1 hr_____ 2hr_____ Date:_____

Hgb A1c:_____ Date:_____ Hgb/HCT:_____/_____Date:_____

Fax margin – We cannot read anything written in this space

Welcome to Obstetrix Medical Group. To learn more about our services and team, or to register online, we encourage you to visit our website at www.obstetrix.com/sanjose

- In order for us to provide the best possible service, we ask the following:
- Please arrive 20 minutes prior to your scheduled appointment time for registration.
  If you have registered online, please arrive 15 minutes prior to your scheduled appointment time.
- Please bring your insurance card and ID to your appointment.
- Please be prepared to pay towards your deductible if it has not been met at the time of service.
- Co-payments and co-insurance will be collected at the time of service.
- Services not covered by your insurance will be collected at the time of service.
- Please turn off cell phones prior to entering the lobby.
- Prior authorization is required for all HMO patients. If we do not have an authorization at the time of service, your appointment will be postponed until we receive authorization.
- Cameras and camcorders are PROHIBITED.
- There are no special instructions prior to your Ultrasound or Amniocentesis. It is not necessary to drink water prior to your ultrasound.

Obstetrix does not have personnel to watch children.
We ask that you DO NOT BRING CHILDREN under the age of 10 years.
If you bring children, we reserve the right to reschedule your appointment.