



OBSTETRIX MEDICAL GROUP DALLAS (MEDNAX)

MATERNAL FETAL MEDICINE SPECIALISTS

MFM Doctors

- Alkalay Lyons-Gaffaney Predanic
- Battista Gidvani
- Cedars Hill

Locations

- Allen Frisco Rockwall
- Carrollton Plano Richardson
- Dallas Presby Dallas Methodist

Phone 214.345.2318

Fax 214.345.2369

PATIENT: _____

DATE: _____

DOB: _____ AGE: _____

REFERRING PROVIDER: _____

ADDRESS: _____

CONTACT: _____

PHONE: _____

PHONE: _____

LMP: _____ EDD: _____

FAX: _____

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

INSURANCE _____

POLICY NUMBER: _____

POLICY HOLDER _____

GROUP NUMBER: _____

POLICY HOLDER DOB: _____

PHONE: _____

SERVICE REQUESTED

MATERNAL-FETAL MEDICINE CONSULT and/or ULTRASOUND

MATERNAL PROBLEMS

- MATERNAL PRE-EXISTING MEDICAL CONDITION
- MATERNAL DISEASE in pregnancy (HTN, GDM...)
- MATERNAL ADVERSE EVENT in pregnancy (PTL, short Cx...)
- MATERNAL Hx of prior OB COMPLICATIONS
- MATERNAL EXPOSURE TO TERATOGENS or MEDICATIONS
- MATERNAL PLACENTATION ISSUES
- OTHER _____

FETAL PROBLEMS

- ABNORMAL FETAL SONOGRAM/MRI
- ABNORMAL FETAL ANEUPLOIDY TESTING
- SUSPECTED ABNORMAL FETAL GROWTH/AFI
- ABNORMAL BIOPHYSICAL PROFILE and/or NST
- FETAL DOPPLER study investigation-surveillance
- 1st TRIMESTER SONOGRAM (including SCREENING...)
- 2nd TRIMESTER DETAILED FETAL ANATOMY SURVEY
- INVASIVE FETAL DIAGNOSIS (amniocentesis, CVS)
- FETAL ECHOCARDIOGRAM

GENETIC COUNSELING

- ADVANCED MATERNAL AGE
- Maternal Hx of hereditary disease affecting pregnancy
- FAMILY Hx of hereditary disease or malformation
- OTHER _____

Appointment DATE _____ TIME _____

LOCATION: ALLEN CARROLLTON DALLAS PLANO RICHARDSON ROCKWALL

You opinion matters!

If you receive a survey in the e-mail by *Press Ganey*, please complete it and let us know how we can improve.