

## **Patient Referral**

| Indication/Reason for Referral       Consultation         REASON       REASON FOR CONSULTATION REQUEST         EDD       LMP         PATIENT BMI       MATERNAL FETAL MEDICINE CONSULT         PLEASE CHECK       SINGLE         TWIN       TRIPLET         QUAD       GENETIC COUNSELING CONSULT         Ultrasound       GENETIC COUNSELING CONSULT         If isst trimester ultrasound (LESS THAN 14 WEEKS GESTATION)       OTHER SPECIFIC REQUEST         If transvaginal ultrasound for cervical Length assessment       Image: Comprehensive (Comprehensive) ultrasound (18+ WEEKS GESTATION)         Fetal Echocardiogram*       Fetal Surveillance         Image: Fetal Echocardiogram       REASON FOR FETAL SURVEILLANCE         'Othen scheduled after completion of Detailed Ultrasound       BIOPHYSICAL PROFILE WITHOUT NST         BIOPHYSICAL PROFILE WITH NST       NON-STRESS TEST (NST) | Edina Maternal Fetal<br>6545 France Ave • Suite 510 • Edina MN 55435<br>Call Direct   952.285.3880 | PATIENT NAME                                       |
|---|--|--|
| EDD LMP   PATIENT BMI MATERNAL FETAL MEDICINE CONSULT   PLEASE CHECK SINGLE   TWIN TRIPLET   QUAD GENETIC COUNSELING CONSULT     Ultrasound   FIRST TRIMESTER ULTRASOUND (LESS THAN 14 WEEKS GESTATION)   O THER SPECIFIC REQUEST   TRANSVAGINAL ULTRASOUND FOR CERVICAL LENGTH ASSESSMENT   DETAILED (COMPREHENSIVE) ULTRASOUND (18+ WEEKS GESTATION)     Fetal Echocardiogram*   Fetal Echocardiogram   MATERNAL FETAL INDICATION   *Often scheduled after completion of Detailed Ultrasound  | Indication/Reason for Referral   | Consultation                                       |
| PATIENT BMI MATERNAL FETAL MEDICINE CONSULT   PLEASE CHECK SINGLE   TWIN TRIPLET   QUAD GENETIC COUNSELING CONSULT     Ultrasound   FIRST TRIMESTER ULTRASOUND (LESS THAN 14 WEEKS GESTATION)   OTHER SPECIFIC REQUEST   TRANSVAGINAL ULTRASOUND FOR CERVICAL LENGTH ASSESSMENT   DETAILED (COMPREHENSIVE) ULTRASOUND (18+ WEEKS GESTATION)   Fetal Echocardiogram*   Fetal Echocardiogram   MATERNAL FETAL INDICATION   FETAL ECHOCARDIOGRAM   MATERNAL FETAL INDICATION   Fetal Surveillance   'Often scheduled after completion of Detailed Ultrasound   | REASON   | REASON FOR CONSULTATION REQUEST                    |
| PLEASE CHECK SINGLE TWIN TRIPLET QUAD GENETIC COUNSELING CONSULT   Ultrasound Ultrasound OTHER SPECIFIC REQUEST   | EDD LMP  |  |
| Ultrasound         FIRST TRIMESTER ULTRASOUND (LESS THAN 14 WEEKS GESTATION)       OTHER SPECIFIC REQUEST         TRANSVAGINAL ULTRASOUND FOR CERVICAL LENGTH ASSESSMENT       DETAILED (COMPREHENSIVE) ULTRASOUND (18+ WEEKS GESTATION)         Fetal Echocardiogram*       Fetal Surveillance         FETAL ECHOCARDIOGRAM       REASON FOR FETAL SURVEILLANCE         MATERNAL FETAL INDICATION       FETAL INDICATION         *Often scheduled after completion of Detailed Ultrasound       BIOPHYSICAL PROFILE WITHOUT NST  | PATIENT BMI  | MATERNAL FETAL MEDICINE CONSULT                    |
| FIRST TRIMESTER ULTRASOUND (LESS THAN 14 WEEKS GESTATION)   OTHER SPECIFIC REQUEST   TRANSVAGINAL ULTRASOUND FOR CERVICAL LENGTH ASSESSMENT   DETAILED (COMPREHENSIVE) ULTRASOUND (18+ WEEKS GESTATION)     Fetal Echocardiogram*   Fetal Echocardiogram   REASON FOR FETAL SURVEILLANCE   MATERNAL FETAL INDICATION   FETAL INDICATION   FETAL INDICATION   FETAL INDICATION   FETAL INDICATION     BIOPHYSICAL PROFILE WITHOUT NST  | PLEASE CHECK SINGLE TWIN CTRIPLET QUAD   | GENETIC COUNSELING CONSULT                         |
| TRANSVAGINAL ULTRASOUND FOR CERVICAL LENGTH ASSESSMENT   DETAILED (COMPREHENSIVE) ULTRASOUND (18+ WEEKS GESTATION)   Fetal Echocardiogram*   Fetal Echocardiogram   Fetal Echocardiogram   REASON FOR FETAL SURVEILLANCE   MATERNAL FETAL INDICATION   FETAL indication   Fetal Surveillance   BIOPHYSICAL PROFILE WITHOUT NST  | Ultrasound   |  |
| DETAILED (COMPREHENSIVE) ULTRASOUND (18+ WEEKS GESTATION)   Fetal Echocardiogram*   Fetal Echocardiogram   Fetal Echocardiogram   REASON FOR FETAL SURVEILLANCE   MATERNAL FETAL INDICATION   FETAL INDICATION   Fetal Surveillance   *Often scheduled after completion of Detailed Ultrasound  | FIRST TRIMESTER ULTRASOUND (LESS THAN 14 WEEKS GESTATION)  | OTHER SPECIFIC REQUEST                             |
| Fetal Echocardiogram*   Fetal Echocardiogram   Fetal Echocardiogram   Reason For Fetal Surveillance   MATERNAL FETAL INDICATION   FETAL INDICATION   Fetal NDICATION   Fetal Surveillance   BIOPHYSICAL PROFILE WITHOUT NST   | TRANSVAGINAL ULTRASOUND FOR CERVICAL LENGTH ASSESSMENT   |  |
| FETAL ECHOCARDIOGRAM       REASON FOR FETAL SURVEILLANCE         MATERNAL FETAL INDICATION       FETAL INDICATION         *Often scheduled after completion of Detailed Ultrasound       BIOPHYSICAL PROFILE WITHOUT NST  | DETAILED (COMPREHENSIVE) ULTRASOUND (18+ WEEKS GESTATION)  |  |
| MATERNAL FETAL INDICATION       FETAL INDICATION         *Often scheduled after completion of Detailed Ultrasound       BIOPHYSICAL PROFILE WITHOUT NST   | Fetal Echocardiogram*  | Fetal Surveillance                                 |
| *Often scheduled after completion of Detailed Ultrasound  | FETAL ECHOCARDIOGRAM   | REASON FOR FETAL SURVEILLANCE                      |
|   | MATERNAL FETAL INDICATION  |  |
| BIOPHYSICAL PROFILE WITH NST NON-STRESS TEST (NST)  | *Often scheduled after completion of Detailed Ultrasound   | BIOPHYSICAL PROFILE WITHOUT NST                    |
|   |  | BIOPHYSICAL PROFILE WITH NST NON-STRESS TEST (NST) |

\*Patient may proceed with recommendations for further testing as directed by MFM Physician

| CLINIC INFORMATION  | DATE           |         |
|---|----------------|---------|
| PRENATAL PROVIDER SIGNATURE   | PRINTED NAME   |         |
| REFERRING CLINIC  | CLINIC CONTACT | NAME    |
| Please send patient's demographic and insurance information, along with<br>any applicable records (prenatal records, prenatal labs, consultation notes,<br>ultrasound reports). | PHONE NO.      | FAX NO. |