Dartmouth-Hitchcock

PROVIDER REQUISITION & REFERRAL FORM
Maternal-Fetal Medicine & Prenatal Diagnosis Program
Radiology Department

Patient Name _____ Patient DOB _____

Maiden Name _____ Patient SSN _____

Address _____ Insurance _____

_____ PCP _____

Home Phone _____ Marital Status _____

Work Phone _____ Partner's Name _____

Cell Phone _____ Partner's DOB _____

Provider Name _____ Date of Referral _____

Provider Signature _____ Form Completed By _____

Office Address _____ Office Phone _____

_____ Office Fax _____

Appointment Request Information:

Currently Pregnant? ❑ Yes ❑ No Gravida _____ Para _____ SAB _____ EAB _____ Living _____ Stillborn _____

LMP _____ EDD _____ Date of **first** US _____ Gestational age of US _____

Height _____ Weight _____ Blood Type _____ MCV _____ Is the patient aware of this referral? ❑ Yes ❑ No

Appointment Request Indication(s) – Evaluate and Treat as Appropriate:

❑ Maternal Age (❑O09.519 1st preg ❑O09529)
❑ Abnormal Ultrasound Finding (028.3): _____
❑ Screen Positive for Down Syndrome (❑O028.5)
❑ Previous Pregnancy Abnormalities (009.291)_____
❑ Screen Positive for Trisomy 18 (❑O028.5)
❑ Multiples❍ Twins (O30.009)❍ Triplets (O30.191) ❍ Other: _____
❑ Screen Positive for Neural Tube Defect (❑O028.5)
❑ Maternal Condition: _____
❑ Family History: _____
❑ Other: _____

Required ICD10 ❑_____

Service(s) Requested-Please check desired ultrasound boxes

❑ Nuchal Translucency Ultrasound (w/ WIH lab requisition)
❑ Endovaginal ❍ cervical length ❍ dating/viability ≤ 14 wk
❑ Targeted Morphology (Level 2) Ultrasound
❑ Growth (EFW/Growth) – Singleton
❑ Growth (EFW/Growth) – Multiples
❑ Biophysical Profile
❑ Doppler Studies ❍ MCA ❍ UA
❑ Follow up Ultrasound with MFM
❑ Genetic Counseling
❑ Telehealth Genetic Counseling
❑ Maternal-Fetal Medicine Consultation
❑ Transfer of Care
❑ Fetal Echocardiogram
❑ Other: _____

Location preference:

❑ **Lebanon**
One Medical Center Drive
Lebanon, NH 03756
Phone: 603-653-9300 opt#5
Fax: 603-653-9363

❑ **Bedford**
5 Washington Place
Bedford, NH 03104
Phone: 603-695-2902
Fax: 603-623-7216

❑ **Nashua**
2300 Southwood Drive
Nashua, NH 03060
Phone: 603-695-2902
Fax: 603-623-7216