



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
Does patient need a translator? ___ If Yes what language: _____

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

Maternal Age (1st preg 009.519 2nd +009529) Abnormal Ultrasound Finding (028.3): _____
 Screen Positive for Down Syndrome (0028.5) Previous Pregnancy Abnormalities (009.291) _____
 Screen Positive for Trisomy 18 (0028.5) Multiples Twins (030.009) Triplets (030.191) Other: _____
 Screen Positive for Neural Tube Defect (0028.5) Maternal Condition: _____
 Family History: _____ Other: _____
Required ICD10 _____

Service(s) Requested-Please check desired ultrasound boxes

Nuchal Translucency Ultrasound (w/ WIH lab requisition) Genetic Counseling
 Endovaginal cervical length dating/viability ≤ 14 wk Telehealth Genetic Counseling
 Targeted Morphology (Level 2) Ultrasound Maternal-Fetal Medicine Consultation
 Growth (EFW/Growth) - Singleton Transfer of Care
 Growth (EFW/Growth) - Multiples Fetal Echocardiogram
 Biophysical Profile Other: _____
 Doppler Studies MCA UA
 Follow up Ultrasound (patients who return to DH for 2nd Ultrasound after 14 weeks)

Location preference:

<input type="checkbox"/> Lebanon One Medical Center Drive Lebanon, NH 03756 Phone: 603-653-9300 opt#7 Fax: 603-676-4080	<input type="checkbox"/> Bedford 5 Washington Place Bedford, NH 03104 Phone: 603-695-2902 Fax: 603-727-7799	<input type="checkbox"/> Nashua 2300 Southwood Drive Nashua, NH 03060 Phone: 603-695-2902 Fax: 603-727-7799
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