

Request for Consultation

The Delaware Center for Maternal & Fetal Medicine of Christiana Care

Group NPI 1356487854

Phone 302-319-5680 Fax 302-319-5681

ALL FIELDS MUST BE COMPLETED AND ALL ATTACHMENTS INCLUDED BEFORE SCHEDULING CAN OCCUR

Patient Name: _____ DOB: _____

LMP: _____ EDC: _____ # of fetuses: _____ BMI: _____

EDC established by (check one): _____ LMP or, _____ Ultrasound (please send copy of US report).

Phone (preferred): _____ Phone (alternate): _____

Interpreter Required: _____ Language: _____

Referring Provider: _____ Phone#: _____ Fax#: _____

MUST COMPLETE: Authorization Not Required _____ Authorization Required _____ # _____

REQUIRED DOCUMENTATION: Please include copies of the following for all referrals- demographic sheet, Insurance card front/back, prenatals, ultrasound reports, all labs

Referring provider is responsible for contacting insurance company and initiating authorizations and/or precertifications for visits/procedures that are requested. Please perform this when sending request to our office. Unfortunately, your patient cannot be scheduled without this information.

REQUEST FOR MFM SERVICES

With diagnostic testing and consultation when clinically indicated

Indication for referral- **ICD10(s) and description:** _____

- 1st trimester ultrasound- routine, dating and viability
- 1st trimester early detailed anatomy ultrasound- with genetic counseling/NIPT/Carrier Screening (12w 0d-13w 6d)
- 2nd/3rd trimester ultrasound- routine, dating and anatomy
- 2nd/3rd trimester ultrasound- detailed anatomy
- Transvaginal cervical length ultrasound, check one: _____ universal Screen; _____ medical Indication
- Biophysical profile
- Co-management of obstetrical or medical complication, check one: _____ diabetes; _____ asthma; Other: _____
- Perinatal consultation
- Preconception consultation
- Preconception carrier screening
- Genetic counseling
- Rhogam injection, check one: _____ routine (~28 weeks); _____ urgent
- Procedure: _____ amniocentesis (16+ wks.); or _____ chorionic villi sampling- CVS (11-13 wks.)
- Pelvic ultrasound (GYN non-pregnant)