# University of Iowa Maternal Fetal Medicine

**Please fax required documents prior to scheduling to: 319-356-7556**

* This form  Insurance card (front and back)
* Medical records (prenatal record, all labs, ultrasounds, c/s operative report)

*If no response within 48 hours, please call 319-356-8892*

**REFERRAL ORDER FORM**

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| **PATIENT NAME** *(last, first, M.I):* | | | | | |
| Maiden name: | | DOB: | | | SSN |
| Interpreter  Yes - If yes, language:  No | | | | | |
| Patient address: | | | | | |
| Patient preferred phone: | | | Emergency contact: | | |
| Patient e-mail address: | | | | | |
| ***\*Required\**** Insurance name (plan name): | | | | | |
| Name of policy holder: | | | | | |
| Policy ID #: | ID#: | | | Relationship to insured: | |

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| Referring physician: | Office contact person: |
| Office phone #: | Office fax #: |
| Primary obstetrician, if not referring physician: | |

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| Preferred scan location:  UIHC Hospitals and Clinics  UIHC Quad Cities Outreach  UIHC Cedar Rapids Outreach    UIHC Burlington Outreach  UIHC Muscatine Outreach |
| |  |  | | --- | --- | | **MATERNAL-FETAL MEDICINE** | Indication for referral (DX): | | * Maternal pre-pregnancy consult  High-Risk OB consult (maternal complication only)  Shared Care    Transfer of care  Delivery at UIHC  Fetal care (fetal complication only) | | |

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| **OBSTETRIC ULTRASOUND** | LMP: | EDD: | EDD based on LMP/Ultrasound/Other: | |
| Number of fetuses: | | | | G/P |
| * Nuchal Translucency (11-13.6 weeks) * Level II Fetal Diagnosis Ultrasound    Suspected Maternal Condition (placental or cervical complication, obesity, AMA)   Suspected Fetal Condition   * Follow Up Level II Fetal Diagnosis Ultrasound: growth (re-evaluation fetal size and/or re-examination of specific organs(s) known or suspected to be abnormal) | | | | |

**DIAGNOSTIC TESTING**  Amniocentesis (greater than 16.0 weeks)  CVS (10–13.6 weeks)

*\* Blood type is required.*

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| **GENETIC COUNSELING**   Pre-conception counseling  Clinically recommended/medically necessary   Elective Referral |