

M HEALTH
MATERNAL-FETAL MEDICINE CENTERS
MFM Provider Service Request OUTpatient



- ☐ **Maternal-Fetal Medicine Center, Minneapolis**
Riverside Professional Building
Phone: 612-273-2223 Fax: 612-273-2224
- ☐ **Maternal-Fetal Medicine Center, Burnsville**
Ridgeview Medical Building
Phone: 952-892-2270 Fax: 952-892-2275
- ☐ **Maternal-Fetal Medicine Center, Edina**
Southdale Medical Building
Phone: 952-924-5250 Fax: 952-924-5251
- ☐ **Maternal-Fetal Medicine Center, Maplewood**
Maplewood Professional Building
Phone: 651-326-7199 Fax: 651-326-7179

Patient Name: _____
Patient Address: _____
DOB: ____/____/____ (mm/dd/yyyy)
Home Phone #: (____) _____ - _____
Work Phone #: (____) _____ - _____
Cell Phone #: (____) _____ - _____
Interpreter: Y / N Language: _____

Priority: ☐ High (will be scheduled within 72 hrs)

☐ First Available/Patient Convenience (If priority not selected will assume first available)

Date: _____

Prenatal Provider Name: _____	Clinic Contact Person: _____
Referring Clinic/Site: _____	Clinic Phone #: (____) _____ - _____
	Clinic Fax #: (____) _____ - _____

EDD: _____ **LMP:** _____ **Patient BMI:** _____ **Please Circle:** SINGLE TWIN TRIPLET QUAD MORE _____

ULTRASOUND (US) - Reason for Ultrasound (Indication/Diagnosis): _____

**Patients will receive ultrasound interpretation only by the Maternal Fetal Medicine Specialist*

- ☐ **First Trimester Ultrasound** (less than 14 weeks gestation)
- ☐ **First Trimester Screening** (Nuchal Translucency Ultrasound and Blood Test). (11 to 13 weeks 6 days gestation) * *Patient will also be scheduled for genetic counseling for this service.*
- ☐ **Transvaginal Ultrasound (for cervical length assessment)**
- ☐ **Complete 2/3 Trimester Ultrasound (14-18 weeks gestation)**
- ☐ **Comprehensive Ultrasound (≥18 weeks gestation)** – fetal and maternal evaluation including biometry & a detailed anatomy evaluation.
- ☐ ***Follow- Up Ultrasound (*ONLY ORDERED/ USED AFTER MFM HAS COMPLETED A COMPREHENSIVE U/S)**

FETAL ECHOCARDIOGRAM

**Requests will be reviewed by MFM staff prior to scheduling to determine appropriate location for exam to be performed.*

- ☐ **Fetal Echocardiogram**
- ☐ Maternal Indication: _____ ☐ Fetal Indication: _____

PROCEDURE - Reason for Procedure (Indication/Diagnosis): _____

- ☐ **Cell-Free DNA Screen** * *Patient will also be scheduled for genetic counseling for this service*
- ☐ **Genetic Amniocentesis** (generally 16 weeks gestation) * *Patient will also be scheduled for genetic counseling for this service.*
- ☐ **Chorionic Villus Sampling** – (10+0 to 13+6 weeks gestation) * *Patient will also be scheduled for genetic counseling for this service.*

FETAL SURVEILLANCE – Reason for Fetal Surveillance (Indication/Diagnosis): _____

**Growth and anatomy assessments are NOT included with fetal surveillance.*

- ☐ **Biophysical Profile w/o NST (BPP)** – Begin at _____ ☐ one time only ☐ weekly ☐ twice weekly
- ☐ **Biophysical Profile with NST (BPP/NST)** - Begin at _____ ☐ one time only ☐ weekly ☐ twice weekly
- ☐ **Non-Stress Test (NST)** - Begin at _____ ☐ one time only ☐ weekly ☐ twice weekly

**If NST non-reactive, will proceed to BPP.*

CONSULTATION - Reason for Consultation (Indication/Diagnosis): _____

Specific reason for request (issue/concern): _____

**Consultation orders will be reviewed by MFM staff prior to scheduling appointment(s). Consultation Report includes Summary and Recommendations by the Maternal Fetal Medicine Specialist and/or Genetic Counselor.*

- ☐ **Maternal-Fetal Medicine Consultation** ☐ **Genetic Counseling Consultation**
- ☐ **Inflammatory Bowel Disease Clinic: Joint MFM and GI Consultation**
- ☐ **Chronic Kidney Disease: Joint MFM and Nephrology Consultation**

**Patient may proceed with recommendations for further testing as directed by Maternal-Fetal Medicine Specialist*

PROVIDER SIGNATURE: _____ **DATE:** _____ **TIME:** _____

PROVIDER NAME (print): _____ **PAGER #:** _____

****This signed order is required prior to any appointments with MFM.**

PLEASE FAX: PATIENT'S CURRENT DEMOGRAPHIC INFORMATION, PRENATAL RECORD, PRENATAL LABS AND ULTRASOUND REPORTS.