



FDC ORDER / REFERRAL FORM

Today's date: _____ EGA today: _____

Last Name: _____ **First Name:** _____

Date of Birth: _____ Age: _____ G: _____ P: _____ #Fetuses: _____

LMP: _____ EDC: _____ (Circle all applicable) LMP US CLINICAL FDC TO DATE

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Blood type: _____ Any maternal serum screen results? _____

BMI: _____ Height: _____ Weight: _____

Referring Provider: _____ **Office/Clinic Name:** _____

Location: _____ Phone () _____ Fax () _____

Interpreter Requested: Yes No Language: _____

General Appointment Type (Please check):

- OB Ultrasound (MFM consultation if clinically indicated)
- MFM Consultation (OB ultrasound if clinically indicated)
- Genetic Counseling (MFM consultation and/or OB ultrasound if clinically indicated)
- OB Ultrasound only (FDC will not order or schedule additional testing)
- Sweeter Choice (MFM Consultation and/or OB ultrasound if clinically indicated)

Appointment Requested
(check all applicable)

Indication for Appointment
(check all applicable)

- OB Ultrasound-first trimester
- OB Ultrasound-2nd or 3rd trimester
- Nuchal translucency
- Transvaginal US
- Fetal echocardiogram
- Amniocentesis with Genetic Counseling
- CVS with Genetic counseling
- NIPT with Genetic Counseling
- BPP
- NST/AFI
- MFM Consult with comanagement (serial appts)
- MFM Transfer of Care (prenatal care and delivery)
- Preconception Consult
- MFM Consult (1 time only)
- Other _____

- First trimester screening
- Anatomy
- Second trimester screening
- AMA [≥ 35 years old] (genetics)
- Growth (circle: size>dates size<dates)
- Cervical length
- Vaginal bleeding
- Fetal anomaly
- HTN
- Gestational Diabetes
- Pre-gestational Diabetes
- Pregnancy Loss
- Preterm labor risk
- Maternal Cardiac Disease
- Other: _____

Physician Signature: _____ **Date:** _____

Appointment Information

Date & Time: _____

Appointment Type: _____

Physician: _____

Location: _____

Please fax records relevant to referral
Fetal Diagnostic Center:
808-983-8989