

Preferred Location:

Maternal Fetal Medicine at Rex
4420 Lake Boone Trail 1st Floor
Raleigh, NC 27607

Maternal Fetal Medicine at Vilcom
55 Vilcom Center Dr Suite 300,
Chapel Hill, NC 27514



Maternal-Fetal Medicine

Referral Form for Non-Epic Users

PLEASE FAX FORM, INSURANCE CARD (front and back), PRENATAL RECORDS/LABS,
AND ULTRASOUND REPORTS AT TIME OF SCHEDULING TO: (919) 784-6429
FOR URGENT SCHEDULING, CALL: (919) 784-6425

Patient Information

Last Name: _____ First Name: _____ MI: _____ Date of Birth: _____

Phone #: _____ Preferred Language: _____ Interpreter Needed: Y/N

Medical Insurance Company: _____ Insurance ID: _____ Group ID: _____

Pre-Authorization/Referral#: _____ Given By: _____ Eligible for Expedited Financial Assistance

Indication: _____

LMP: _____ Date of 1st U/S: _____ GA at 1st Scan: _____

Date of last U/S: _____ GA at last scan: _____ Best EDD: _____

Serum screen: Normal Abnormal Not Done and/or Cell-free DNA: Normal Abnormal Not Done

Singleton Twins Triplets or more BMI: _____ Requested Timeframe: STAT (1-2 days, please call)
 Other: _____

Requesting Provider Information

Practice Name: _____ Provider Name: _____

Office Contact Name: _____ Phone #: _____ Fax #: _____

MFM SERVICES REQUESTED (check one or more)

Fetal/Ultrasound Visit**

- First Trimester
- Basic Anatomy*
- Targeted Ultrasound*
- Fetal Echo
- Cervical Length
- Growth US
- Fetal Testing
 - BPP NST
- Limited

Ultrasound Definitions on the back of this form

Maternal/OB Visit

- Preconception counseling
- Medical/obstetric consult for maternal conditions only (single visit)
- Assumption of total OB care
- Co-management of OB care (only at Rex location)
- Diabetes virtual co-management

Preferred Visit Type (if applicable)

- Telehealth
- In-person

Genetic Counseling

- Preconception genetic counseling
- Counseling Only
- Genetic Counseling
 - Possible: Amniocentesis
 - Chronic Villus Sampling

*For anatomy U/S, please send a copy of genetic testing results if performed.

A consult by an MFM will be performed reflexively for all abnormal US, please do not order a separate MFM consult unless for a maternal condition.

Patient-centered needs or requests (ex: transportation concerns, coordination of services, etc): _____

First Trimester

First Trimester Ultrasound

- Performed < 14 weeks to confirm viability, rule out ectopic, and genetic screening if indicated

Antenatal Testing

Biophysical Profile

- Recommended as a form of antenatal testing. A same day NST will be performed if clinically indicated

Non-Stress Test

- Recommended antenatal testing for patients not requiring an US. If non-reactive, same day BPP will be performed without additional order needed

Second and Third Trimester

Basic “Low Risk” Fetal Anatomic Ultrasound Survey

- Initial exam after pt \geq 14wks (transabdominal ONLY)
- Includes fetal measurements and basic anatomy survey (ACOG/AIUM)

Targeted “High Risk” Fetal Anatomic Ultrasound

- Initial exam after GA \geq 14wks (transabdominal ONLY)
- Includes fetal measurements and detailed fetal anatomic evaluation (cardiac outflow tracts, diaphragm, orbits, profile, aortic and ductal arches, feet and hands, etc in addition to basic anatomy survey). Indications may include but not limited to AMA, diabetes, multiple gestational pregnancy, BMI>35, etc.

Fetal Echocardiogram US

- Recommended exam for abnormal cardiac images with previous anatomy US at our location and/or screening for cardiac conditions. Indications may include but not limited to mo/di twins, pregestational diabetes, history of congenital heart abnormality, etc.

Cervical Length (Transvaginal)

- Recommended exam of choice to assess cervix (cervical incompetency, PTL) and placenta previa in 2nd and 3rd trimesters.
- Can be combined with other types of US if clinically indicated

Growth US

- For 2nd and all subsequent follow-up exams at $>$ 14wks GA
- Includes follow-up of fetal growth and anatomy

Limited OB US

- Includes FHR, presentation, placental location and AFI
- Does NOT include evaluation of fetal measurements or anatomy

FOR COMPLEX FETAL ANOMALIES, CALL (919) 784-6425