



Service request order / Referral request order

Please circle patient's preferred Minnesota Perinatal Physicians clinic location.

- Coon Rapids - Mercy Perinatal Maple Grove Clinic St. Paul - United Perinatal
- Edina - Southwest Clinic Minneapolis - Abbott Northwestern Waconia - Ridgeview Perinatal
- Woodbury Clinic Sartell Clinic Chaska - Ridgeview Perinatal
- Fargo - Essentia Health Clinic

Please fax this form with complete documentation - prenatal, all ultrasound reports and all labs, including blood type and any first trimester screening or triple/quad screen results - to:

- 612-863-5697 for Abbott Northwestern, Southwest, United, Woodbury, Maple Grove and Waconia; or
- 763-427-1787 for Mercy Perinatal.

Once we receive this information, we will contact your patient directly to set up an appointment.

Today's date _____ Clinic contact person _____

Patient name _____ DOB: _____

Home phone _____ Cell or work phone _____

Please circle: Singleton Twins Triplets Quads

LMP: _____ EDC: _____

Diagnosis / indication: _____

Provider name (Please print): _____

Phone _____ Fax _____

⑤ **Consult with perinatologist:** Patients may proceed with follow-up visits as recommended by Minnesota Perinatal Physicians.

⑤ **Targeted ultrasound (level II)** Includes complete fetal anatomic assessment, consultation and fetal echo. Patients may proceed with follow-up visits as recommended by Minnesota Perinatal Physicians.

| | | | |
|--------------------------------------|-----|----|--------------------------|
| First trimester screening completed? | Yes | No | <input type="checkbox"/> |
| Quad or triple screen completed? | Yes | No | <input type="checkbox"/> |
| Genetic amniocentesis completed? | Yes | No | <input type="checkbox"/> |

⑤ **Complete ultrasound** (growth and screening anatomy only)

Has the patient undergone a targeted ultrasound at Minnesota Perinatal Physicians? Yes No

⑤ **Transvaginal ultrasound** (check cervical length) and any follow-up visits recommended by Minnesota Perinatal Physicians.

⑤ **Fetal echocardiogram** and any follow-up visits recommended by Minnesota Perinatal Physicians.

⑤ **Chorionic villus sampling (CVS)** Done between 10 and 12 weeks. Includes genetic counseling.
CVS is only performed at Abbott Northwestern and United clinics.

⑤ **Amniocentesis** ___ Lung maturity ___ OD450 ___ Genetic (Typically done starting at 15 weeks)

⑤ **First trimester screening (NT+Serum)** Includes consult with genetic counselor and complete ultrasound. Done between 11 weeks and 13 weeks 6 days.

⑤ **Transfer of patient care**

⑤ **Genetic counseling only**

⑤ **Fetal testing:** Biophysical profile _____ Non-stress test _____

Provider signature _____ Date _____