 **Service request order / Referral request order** Today’s date **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Minneapolis - Abbott Northwestern St. Paul - United Perinatal

 Coon Rapids – Mercy Clinic Edina - Southwest Clinic

 Maple Grove Clinic Woodbury Clinic

 Chaska/Waconia Ridgeview Perinatal

 [allina.com/MNperinatal](http://www.allina.com/ahs/medicalservices.nsf/page/MN_Perinatal_Physicians) P**lease fax this form with complete documentation** - *prenatal, all ultrasound reports and all labs,*

 *including blood type, any first trimester screening, NIPT or triple/quad screen results to:*

**612-863-5697**

 To make a referral or

 schedule an appointment, call

 **612-863-4502. Once we receive this information, we will contact your patient to set up an appointment.**

Clinic contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell or work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pt consents to detailed message on voice mail if needed: Yes No

Please circle: Singleton Twins Triplets Quads

EDC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis or reason for referral and time frame you’d like patient seen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional issues to address during this visit (ie: medical diagnoses, medications)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best number for provider/provider update**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please initiate ROI for specialists patient is seeing (ie. cardiology/hematology) Completed: Yes No

**PERINATOLOGIST:**

􀂅 **Consult with Perinatologist**

􀂅**Consult with Midwest Fetal Care Center**

􀂅 **Consult with Perinatal Genetics Clinic**

 with Perinatal Geneticist

 **ULTRASOUND:**

􀂅 **Targeted ultrasound (level II)**

Complete fetal anatomic assessment, consultation and fetal echo.

􀂅 **Complete ultrasound**

 (growth and screening anatomy only)

􀂅 **Transvaginal ultrasound** (check cervical length)

􀂅 **Fetal Echocardiogram** and any follow-up visits \_\_recommended by Minnesota Perinatal Physicians.

**GENETICS:**

􀂅 **Genetic Counseling**

􀂅 **Chorionic villus sampling (CVS)\***

Done between 10 and 12 weeks.

 \*Includes genetic counseling and only performed

Abbott Northwestern and United locations

􀂅 **First trimester screening (NT+Serum)**

 Done between 11 and 13.6weeks

 Includes genetic counseling and complete

 ultrasound.

**PROCEDURES:**

􀂅 **Amniocentesis** \_\_\_\_ Lung maturity \_\_\_\_ Genetic \_\_(Typically done starting at 15 weeks)

􀂅 **Fetal testing:** Biophysical profile \_\_\_\_\_\_

 Non-stress test \_\_\_\_\_\_ Dopplers \_\_\_\_\_\_\_

Provider signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_