

Minnesota Perinatal Physicians

- Complex Maternal Obstetric Medicine Surgical Clinic (MOMS)
- Genetics Clinic
- Morbidly Adherent Placenta Program
- Cardiovascular Obstetric Program

Midwest Fetal Care Center
A service of Allina Health and Children's Minnesota

Fetal Cardiology Program
Children's Heart Clinic

Please provide all pertinent medical records. **Lack of records may delay the patient visit.** Patients will be scheduled for appointments and locations based on the diagnosis and service requested.

Patient name _____ DOB _____ Best contact number _____

Diagnosis _____ What are you referring your patient for? _____

I approve MPP and MWFCC to schedule the patient for appropriate visit types for the indications above OR please select below

To refer to the **Midwest Fetal Care Center** please call 612-863-9924 or fax this form to 612-863-0130.

For urgent concerns, please call a MWFCC physician directly at 612-863-9924. To speak directly with the fetal cardiology team, please call 612-964-6344.

Consult request

- Fetal intervention evaluation for condition noted above
- Fetal cardiac evaluation with pediatric cardiology

Visits will be coordinated with other resources as indicated

To refer to **Minnesota Perinatal Physicians** please fax this form to 612-863-5697.

We invite you to be connected with one of our MPP physicians directly at 612-863-4502 if your patient concern is urgent at any time.

- Suspected fetal anomaly
- Pre pregnancy consult
- Consults: pregnancy risks/management/testing/del recommendations
- Level II ultrasound plus physician consult for risk indications
- Medication review
- Genetic counseling

Procedure only visits –no MFM consults

- Level I ultrasound, Read only service
- Level II ultrasound, Routine only (20-23 weeks), MFM echo as indicated
- Follow up growth scan (only if L2 with MPP)
- Weekly Dopplers
- First trimester ultrasound screen
- CVS/Amniocentesis (includes genetic counseling if needed)
- Weekly or Twice weekly BPP/NST

Ordering provider to receive report (please print) _____

Provider signature and date _____

Clinic contact _____

Phone _____ Fax _____

I approve future ultrasound / testing to be scheduled and ordered under my name

OR

Please provide recommendations only

Thank you for the opportunity to share in the care of your patient. EPIC based providers will receive an in-basket report. Non-EPIC based providers will receive a faxed report. By ordering services here, you approve MPP/MWFCC to schedule the patient for the appropriate visit type based on the patient's condition. Our brand promise is to call the referring provider with all new, significant findings.