

# Minnesota Perinatal Physicians

• Accreta Spectrum Program • Cardiovascular Obstetric Program • Complex Maternal Care (MOMS) • Diabetic Program • Genetics Clinic

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

**Fetal Cardiology Program**  
Children's Heart Clinic

Please provide all relevant medical records and, if necessary, submit a Health Plan Referral to the patient's insurance. Missing medical records or Health Plan referral may result in delays for the patient's visit. Patients will be scheduled for appointments and locations based on the diagnosis and service requested.

Patient name \_\_\_\_\_ DOB \_\_\_\_\_ Best contact number \_\_\_\_\_

Diagnosis \_\_\_\_\_ What is your clinical question? \_\_\_\_\_

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 - MFM consult included with read result

- 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.