

Request for MFM Services

The Delaware Center for Maternal & Fetal Medicine of Christiana Care

Group NPI 1356487854

Phone 302-319-5680 Fax 302-319-5681

ALL FIELDS MUST BE COMPLETED AND ALL ATTACHMENTS INCLUDED BEFORE SCHEDULING CAN OCCUR

APPOINTMENT INFORMATION

Patient Name: _____ DOB: _____

LMP: _____ EDC: _____ # of fetuses: _____ BMI: _____

Phone (preferred) _____ Phone (alternate): _____

Interpreter Required: Y/N Language: _____

Referring Provider: _____ Phone# _____ Fax# _____

MUST COMPLETE: Authorization Not Required _____ Authorization Required _____ # _____

REQUIRED DOCUMENTATION: Please include copies of the following for all referrals

- Face sheet/patient demographic sheet
- Front and back of insurance card
- Insurance Authorization- if required
- Prenatal record (except for Elective 1st Trimester Screen)
- US reports
- All Lab results including carrier screening(s)

Referring provider is responsible for contacting insurance company and initiating authorizations and/or precertifications for visits/procedures that are requested. Please perform this when sending request to our office. Unfortunately your patient cannot be scheduled without this information.

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With diagnostic testing and consultation when clinically indicated

Indication for referral- **ICD10(s) and description:** _____

- Amniocentesis (16+ wks)
- Biophysical Profile
- Transvaginal Cervical Length Ultrasound (check one: _____ Universal Screen; _____ Medical Indication)
- Co-management of obstetrical or medical complication (check one: _____ Diabetes; _____ Asthma; Other: _____)
- Chorionic Villi Sampling- CVS (11-13 wks)
- Consultation (check one: _____ Perinatal; _____ Preconception)
- Detailed Fetal Anatomy Ultrasound (with high risk indication, optimally performed at 18+ wks)
- First Trimester Screen (11 to 13 6/7 wks)
- Genetic Counseling
- Rhogam Injection- Routine (~28 weeks)
- Rhogam Injection- Urgent
- Routine 1st Trimester OB Ultrasound (dating and limited anatomy due to gestational age)
- Routine 2/3 Trimester OB Ultrasound (dating and routine anatomy survey)