



Mariposa Perinatal Services

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Maternal Fetal Medicine

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Mariposaperinatal.net

Request For Maternal-Fetal Medicine Consult

PATIENT: _____

DATE: _____

DOB: _____ AGE: _____

REFERRING PROVIDER: _____

ADDRESS: _____

CONTACT: _____

PATIENT'S PHONE: _____

PHONE: _____

EDD: _____

FAX: _____

PLEASE, FAX THIS REQUEST FORM WITH COPY OF THE INSURANCE CARD, PRENATAL RECORDS AND LAB RESULTS

INSURANCE _____

POLICY NUMBER: _____

POLICY HOLDER _____

GROUP NUMBER: _____

POLICY HOLDER DOB: _____

PHONE: _____

Please, mark form, type of referral and indication for MFM Consult

Form

- Consult w/wo fetal ultrasound with treatment recommendations **that primary care provider will follow**
- Consult w/wo fetal ultrasound with MANAGEMENT (co-management) **of maternal or fetal high risk condition; that is, shared fetal/maternal monitoring till delivery**
- ULTRASOUND PROCEDURE (High-level-precision **fetal ultrasound** with MFM consult if indicated) including other procedures as appropriate (CVS, amniocentesis, BPP, UA or MCA Doppler studies, etc)

Type

- URGENT Same day appointment
- ROUTINE First available appointment

Indications

MOTHER

- PRE-EXISTING MEDICAL CONDITION (ChrHTN, Thyroid, SLE...) (describe) _____
- OB complications (GHTN, Preeclampsia, Cholestasis... etc): (describe) _____
- OB ADVERSE EVENT in pregnancy (PTL, bleeding, short Cx...): (describe) _____
- DIABETES management
- PLACENTATION ISSUES (previous CD, placenta previa... etc): (describe) _____
- RISK FACTORS (advanced age, obesity, teen pregnancy... etc) (describe) _____
- Hx of prior OB COMPLICATIONS in prior pregnancies
- Maternal exposure to TERATOGENS or MEDICATIONS
- History of hereditary disease affecting pregnancy

FETUS

- 1st TR sonogram (viability, location, bleeding, etc)
- 1st TR ANEUPLOIDY SCREENING
- 1st TR ANEUPLOIDY and PREECLAMPSIA SCREENING
- 1st TR PREECLAMPSIA SCREENING
- 2nd TR detailed-high-precision fetal ANATOMY SURVEY
- SUSPECTED ABNORMAL FETAL GROWTH/AFI
- Targeted sonogram (placental location, accreta...)
- ABNORMAL FETAL SONOGRAM/MRI elsewhere...
- Non-reassuring fetal status, fetal heart arrhythmia...
- MULTIFETAL PREGNANCY
- INVASIVE FETAL DIAGNOSIS (amniocentesis, CVS, etc)
 - FETAL ECHOCARDIOGRAM
- OTHER _____

APPOINTMENT DATE _____