Request for Maternal-Fetal Medicine Services

OHSU Perinatology

3181 S.W. Sam Jackson Park Road • Portland, OR
97239-3098 tel: 503-418-4200 • fax: 503-494-2759

Thank you for referring your patient to Oregon Health & Science University

Please include patient demographics sheet with records and have patient contact registration (503-494-8505) to pre-register before scheduling appointments.

Date: _____

Please indicate referral type:

High Risk Obstetric Care
(*Perinatologist)*

☐ **Consultation**

☐ **Establish/Transfer** Obstetric Care

☐ Diabetes and Pregnancy Program
☐ Maternal Cardiac Program

☐ **Ultrasound**

Prenatal Genetics
☐ Genetic Counseling only
☐ Genetic Counseling with:
- ☐Carrier Screening
- ☐Cell-free DNA Screening
- ☐Chronic Villus Sampling
- ☐Amniocentesis

Location
☐ OHSU Portland (Marquam Hill)
☐ OHSU Tuality (Hillsboro)

Patient Information

Patient Name: _____

Patient DOB: ____/____/____ Contact Phone: _____

Interpreter: ☐ No ☐ Yes, what language? _____

Patient Insurance (*please attach copy of insurance card*)

Insurance Company: _____

Payor Name: _____

Subscriber Name: _____

Subscriber DOB____/____/____ Subscriber ID: _____

Referral/Auth (if necessary) _____

Referring provider is responsible for contacting insurance company and initiating referrals for visits/procedures that are requested. This needs to be done when sending this form and records to our clinic.

Clinical Indication for Services Requested
(*Rule out statement are not acceptable**)

ICD10 Code: _____ LMP or EDD: _____

Description:

_____

_____

_____

Please Fax ALL obstetric and appointment-related medical records, including current lab report documenting blood type and antibody screen, ultrasound reports and images. Records must be received prior to scheduling.

Requesting Provider Information

Provider Name: _____ **NPI:** _____

Signature: _____ **Date:** _____

**Due to CMS Program Memorandum AB-01-144 Change Request 1724, dated September 26th, 2001 effective January 1, 2002 referring diagnosis is required for diagnostic testing. Suspected or rule-out statements are not applicable; if no confirmed diagnosis, please list symptoms.*