

Maternal-Fetal Medicine

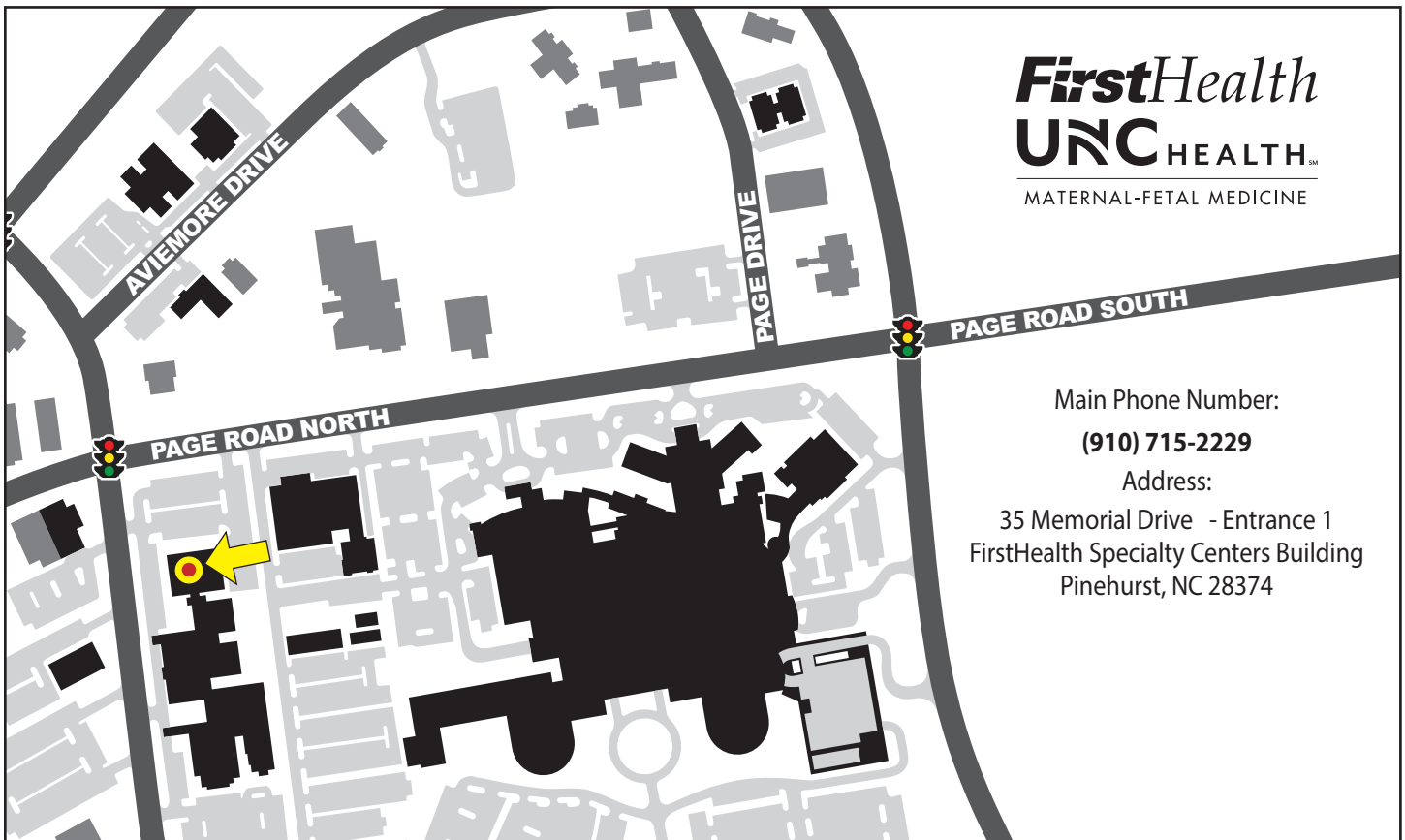
For patients whose pregnancies are considered high-risk, the FirstHealth UNC Maternal-Fetal Medicine program at Moore Regional Hospital offers obstetrical care for women with pregnancies that are complicated by maternal disease, such as diabetes or hypertension, or any problem with the fetus, such as congenital abnormalities.

FirstHealth UNC Maternal-Fetal Medicine at FirstHealth Moore Regional can assist in the care of your obstetric and gynecologic patients.

We can provide preconception and prenatal consultation for:

- maternal medical conditions (e.g., hypertension, diabetes, autoimmune disorders, maternal cardiac disease)
- obstetrical or fetal complications in pregnancy (e.g., previous fetal demise, preterm labor, fetal anomalies, cervical insufficiency)
- ultrasound interpretation
- genetic counseling (e.g., AMA, prenatal testing)

Maternal-Fetal Medicine is located at 35 Memorial Drive near Entrance 1 of the FirstHealth Specialty Centers Building in Pinehurst. Patients are encouraged to park on the left side of the building (closest to Page Road) as they will exit the building facing that parking lot.



Maternal-Fetal Medicine

PRENATAL DIAGNOSIS / ULTRASOUND SERVICE REQUEST

Patient Name: _____
MR #: _____ DOB ____/____/____ Timeframe: Days _____ Weeks _____
Referring Provider: _____ Fax #: _____ Phone #: _____
Name of Practice: _____
Type of Insurance: _____ Policy # _____
Pre Approval #: _____ Diagnosis Codes: _____

Step 1: What is the indication for the visit?

- Uncertain EGA Size/Date Discrepancy AMA - (send screen results)
 Confirm Viability Post Dates Abnormal Serum Screen
 Multiple Gestation Diabetes (send results)
 Other (please write in/may include extra page if necessary): _____

Number of Fetuses: _____
Assigned EDD: ____/____/____

Step 2: Select Service

Ultrasound, Genetic Counseling ± Invasive Testing

- Antenatal Testing Genetic Counseling
 Cervical Length Doppler Studies
 Level II Ultrasound Fetal ECHO
 1st Trimester Screening
 Genetic Amniocentesis
 Other: _____

It is important to send the following labeled with your patient's Name and DOB: Blood Type and Screen; and if available, maternal screening results and other lab, X-Ray, testing results pertinent to the care of the patient.

Please send **ALL** medical records, including records from other providers that are related to the care of the patient.

Genetic Counseling Only

- Preconception Genetic Counseling
 Aneuploidy Screening Options
 Family History (specify): _____
 Other: _____

By submission of the request, and unless otherwise directed, the referring provider authorizes Maternal-Fetal Medicine consultation in the event of unanticipated findings.

Step 3: MFM Physician Consult

- A. If a separate MFM consultation is requested, please indicate **specific request** and **PROVIDE DOCUMENTATION & RECORDS** about this issue (i.e. hypertension, history of poor pregnancy outcomes, etc.) _____

B. If follow up US is recommended, may we schedule that or do you wish to do so separately?

- FirstHealth UNC MFM may schedule the return US Referring Provider will call to reschedule

Step 4: Fax Information

Fax this form to **(910) 715-1746**.
If you have questions, call (910) 715-2229.