

MINNESOTA PERINATAL PHYSICIANS  
SERVICE REQUEST ORDER/REFERRAL REQUEST ORDER



Today's Date \_\_\_\_\_ Clinic Contact Person \_\_\_\_\_

Referring Physician Fax # \_\_\_\_\_

Patient Name \_\_\_\_\_

DOB: \_\_\_\_\_ Home # \_\_\_\_\_ Cell or Work # \_\_\_\_\_

*Please Circle:*

Singleton    Twins    Triplets    Quads            LMP: \_\_\_\_\_    EDC: \_\_\_\_\_

Diagnosis/Indication: \_\_\_\_\_

Provider (Print): \_\_\_\_\_ Phone # \_\_\_\_\_

CONSULT WITH PERINATOLOGIST ONLY Patients may proceed with follow-up visits as recommended by MPP Physicians

TARGETED ULTRASOUND (LEVEL II) Includes Complete Fetal Anatomic Assessment, Consultation and Fetal Echo. Patients may proceed with follow-up visits as recommended by MPP Physicians

Genetic Amniocentesis completed?    Yes     No

First Trimester Screening completed?    Yes     No

COMPLETE ULTRASOUND (Growth and Screening Anatomy Only)

Has the patient undergone a targeted ultrasound @ MPP?    Yes     No

TRANSVAGINAL ULTRASOUND (check cervical length) and any follow-up visits recommended by MPP Physicians

FETAL ECHOCARDIOGRAM and any follow-up visits recommended by MPP Physicians

CHORIONIC VILLUS SAMPLING (CVS) Done between 10-12 weeks. Includes Genetic Counseling.  
(Only performed at ANW & United Clinics)

AMNIOCENTESIS    \_\_\_ Lung Maturity    \_\_\_ OD450    \_\_\_ Genetic (Typically done starting at 15 weeks)

FIRST TRIMESTER SCREENING (NT+ SERUM) Includes consult with genetic counselor and complete ultrasound. Done between 11 weeks and 13 weeks 6 days gestation.

TRANSFER OF PATIENT CARE

GENETIC COUNSELING ONLY

FETAL TESTING: Biophysical Profile \_\_\_\_\_ Non-Stress Test \_\_\_\_\_

One Time only \_\_\_\_\_    Weekly \_\_\_\_\_    Biweekly \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please fax all labs (including quad/triple screen and/or blood type report), ultrasound reports and a complete prenatal along with this form to one of the locations listed below. Once we have received this information we will contact your patient directly to set up an appointment.*

ANW Clinic – Minneapolis  
Ph# 612-863-4502

Southwest Clinic – Edina  
Ph# 612-775-2999

United Clinic – St. Paul  
Ph# 651-241-6270

Woodbury Clinic  
Ph# 651-241-3700

**Centralized Scheduling Fax # for ANW, Southwest, United & Woodbury locations is 612-863-5697**

Mercy Clinic – Coon Rapids    Phone: 763-236-8438

Fax: 763-427-1787