McLaren
FLINT

WOMEN'S HEALTH SOUTH
Gianina Cazan-London, MD • Maternal Fetal Medicine
1314 S. Linden Road, Suite A, Flint, Michigan 48532
Phone: (810) 342-1750 • Fax: (810) 342-1726

Date of Request: _____

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Patient Phone Number: _____

Insurance Name: _____ Insurance ID: _____ Group Number: _____

Policy Holder Name: _____ Date of Birth: _____

Referring Physician: _____ Office Phone: _____ Office Fax: _____

***Please include prenatal records, ultrasound reports, lab work and genetic testing results if available with referral.**

SERVICES REQUESTED

_____ 1st Trimester U/S with Nuchal translucency (11w0d-13w6d)

_____ 1st Trimester U/S

_____ U/S with consultation

_____ Vagina/Cervix U/S

_____ Detailed Fetal Anatomy U/S

_____ Genetic Counseling

_____ Amniocentesis for Chromosomes

_____ Biophysical Profile

_____ NST

_____ Perinatal Consult

_____ Ongoing Co-manage Care requested

_____ Other Services, please specify:

_____

_____

_____

APPOINTMENT DATE: _____

APPOINTMENT TIME: _____

Dr. Cazan reviewed on: _____ initials: _____

Please schedule: _____

_____

_____

_____

_____

CLINICAL INFORMATION

Patient blood type: _____ Age: _____

Gravida: ____ Para: ____ Preterm: ____ Live Births: _____

EDC: _____ LMP: _____ GA: _____

EDC was based upon:

_____ LM

_____ U/S on _____ w/fetus measuring _____ w _____ d

REASON FOR REFERRAL/DIAGNOSIS:

_____ Advanced Maternal Age (Fax prenatal genetic screen results)

_____ Gestational Diabetes (Fax 1 hour and 3 hour results)

_____ Diabetes Type II/Pre Gestational Diabetes

_____ Hypertension

_____ Multiple Gestation: _____ Twins _____ Triplets _____ Quads

_____ Red Cell Alloimmunization

_____ Abnormal Genetic Screen, Results: _____

_____ Large for dates (Please fax all prior ultrasounds)

_____ Small for dates (Please fax all prior ultrasounds)

_____ Thyroid dysfunction

_____ Polyhydramnios

_____ Incompetent cervix _____ Short Carvix

_____ Suspected/known fetal anomalies: _____

_____ History of: ___ PTL ___PTLD___ Recurrent pregnancy loss

_____ Placenta abnormality ___ Previous C-Section

_____ Other