

McLaren Print System Order

Order No: 82406 Reprint Previous Order No: 76909
Order Date: 2024-01-17
User: Christina Wrinkle
Phone: 8103421745

Ship Location: McLaren Women
1314 S. Linden Road, Ste A
Flint, Michigan 48532

Forms
Quantity: 500
Paragon Dept No: 50028
Dept Name:
Company Number: 810

Order Total Price: 16.75

Item Number: M-218
Item Description: Womens Health Physician Referral Form
Revision Date: 07/2022
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: ss, bw



WOMEN'S HEALTH DIVISION
Genova Center-London, MD - Maternal-Fetal Medicine
1314 S. Linden Road, Suite A Flint, Michigan 48532
Phone: (810) 342-1745 • Fax: (810) 342-1728

Form fields for Patient Name, Date of Request, 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.

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

SERVICES REQUESTED

- 1st Trimester US with Nuchal translucency (11-14w 1 build)
1st Trimester US
US with consultation
Vaginal/Cervix US
Detailed Fetal Anatomy US
Genetic Counseling
Amniocentesis by Chromosomes
Employment Profile
NIPT
Prenatal Consult
Ongoing Co-management Care requested
Other Services please specify

CLINICAL INFORMATION

Form fields for Patient blood type, Age, Gender, Race, Ethnicity, Last Before, EDC, LMP, CA, EDC was based upon, LM, US in w/office measuring w of.

REASON FOR REFERRAL/DIAGNOSIS

- Advanced Maternal Age (For prenatal genetic screen results)
Gestational Diabetes (For 1 hour and 3 hour results)
Diabetes Type 1/Pre-Gestational Diabetes
Hypertension
Multiple Gestation Twin, Triplet, Quad
Red Cell Mutation
Abnormal Genetic Screen, Results
Large for dates (Please list of prior ultrasounds)
Small for dates (Please list of prior ultrasounds)
Thyroid dysfunction
Polyploidemia
Incompetent cervix Short Cervix
Suspicious/Abnormal fetal anomalies
History of IVD, PTLD, Recurrent pregnancy loss
Placenta abnormally Previous C-Section
Other

APPOINTMENT DATE:

APPOINTMENT TIME:

Dr. Cohen received on: Initial:

Please schedule: