



NORTH CENTRAL  
PERINATAL CARE

REQUEST FOR MATERNAL FETAL MEDICINE SERVICES  
 Phone: (914)-339-2221 Fax: (914)-639-9002  
[www.northcentralperinatalcaremf.com](http://www.northcentralperinatalcaremf.com)

Date of Request: \_\_\_\_\_  
 Referring Physician/Provider: \_\_\_\_\_ Office Contact: \_\_\_\_\_  
 Office Phone #: \_\_\_\_\_ Office Fax #: \_\_\_\_\_

**FAX A COPY OF INSURANCE CARD**

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Primary Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_  
 ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

\*Reason For Referral: \_\_\_\_\_

Singleton  Twins  Other \_\_\_\_\_

Age: \_\_\_\_\_ LMP: \_\_\_\_\_ Due Date: \_\_\_\_\_ by [circle one LMP or Sono]

Gestational Age: \_\_\_\_\_ weeks

Gravida  Fullterm  Preterm  Miscarriage  Abortion  Ectopic  Living

**PLEASE FAX ALL PRENATAL RECORDS WITH LABS & PREVIOUS ULTRASOUNDS TO 914-639-9002**

**MUST CHECK ONE BOX:**

- MFM Consultation with ultrasound as indicated
- Diagnostic Ultrasound and consultation as indicated
- Diabetic Consultation with Ultrasound as indicated
- Genetic Counseling/Consultation
- Pre-Conception Counseling/Consultation

\*\*If indicated, the interpreting physician may add any of the following: Transvaginal ultrasound for cervical length or placental edge; or Cord Doppler or BPP for any indication of fetal distress.\*\*

**Please allow 24-48 hours for North Central Perinatal Care to schedule patient's appointment**

For Office Use Only

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ AM/PM \_\_\_\_\_

Office Notified:  Yes Patient Email: \_\_\_\_\_

CPT Codes \_\_\_\_\_

Notes: \_\_\_\_\_