



# High-Risk Pregnancy Consultants

FLORIDA HOSPITAL MEDICAL GROUP

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Date: \_\_\_\_\_

## REFERRING PROVIDER

Provider Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## PATIENT INFORMATION (Patient MUST bring photo ID and insurance card to be seen)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell/Work): \_\_\_\_\_ Leave Message?  Yes  No

Insurance Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

## CLINICAL INFORMATION

URGENT  ROUTINE

Diagnosis: \_\_\_\_\_

EDC: \_\_\_\_\_  by US  by LMP # of Fetuses:  Singleton  Multiple

**(Please fax: ACOG, Prenatal Labs, any genetic testing, and U/S Reports to 407-303-0897)**

## SERVICE REQUESTED

LOCATION:  Orlando  Celebration

### **MUST CHOOSE ONE (OR MORE) OF THE FOLLOWING:**

- MFM consultation with indicated Ultrasound Studies
- Pre-pregnancy consultation with ARNP
- Ultrasound only (must indicate study type): \_\_\_\_\_
- Other: \_\_\_\_\_

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