

**SAINT JOSEPH MATERNAL FETAL MEDICINE (MFM)**

611 E. Douglas Road, Suite 402, Mishawaka, IN 46545  
Phone: 574-335-7750 Fax: 574-335-0754

**Maternal Fetal Medicine (MFM) Referral Request**  
Dr. Asad Sheikh, MD Melissa Gillette, Ph.D., LCGC

Date of Request: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Insurance(s): \_\_\_\_\_  
Primary Insurance Holder: \_\_\_\_\_ DOB: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_  
**Precertification #:** \_\_\_\_\_  
Reason for Study/Referral: \_\_\_\_\_  
Primary Diagnosis: \_\_\_\_\_  
Multiples: Y N EDC: \_\_\_\_\_ LMP: \_\_\_\_\_ G/P: \_\_\_\_\_ U/S GA: \_\_\_\_\_

**Requests: (Please check box for ALL desired exams, must have prior authorization from referring physician)**

- Abd. <14 wks. U/S (76801,76802)
- Trans Vaginal U/S (76817)
- 1<sup>st</sup> Trim. NT screen (73813,76814)
- Amniocentesis (59000, 76946)
- Abd. >14 wks. U/S (76805,76810)
- Fetal BPP w/ NST (76818)
- Abd. Detailed U/S (76811,76812)
- UA Doppler (76819)
- Abd. Limited U/S (76815)
- MCA Doppler (76821)
- Abd. Follow-Up U/S (76816)
  
- Please check to allow the imaging team to expand studies in the event of new or atypical findings at the time of study.

In addition to ultrasound, please indicate if consultation is requested:

- Genetics consultation
- MFM consultation
- Preconception Genetics consultation
- Preconception MFM consultation

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Back Office Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

To schedule an appointment for your patient, please return this form by fax to our office at 574-335-0754 along with the following information:

- Pertinent medical records (including consult notes)
- Lab-confirmed blood type and any labs
- Most recent U/S report (after 7 weeks gestation)
- Copy of patient's insurance card(s)