



Request for Maternal-Fetal Medicine Services

OHSU Perinatology

3181 S.W. Sam Jackson Park Road • Portland, OR
97239-3098 tel: 503-418-4200 • fax: 503-494-2759

Thank you for referring your patient to
Oregon Health & Science University

Please include patient demographics sheet with records and have
patient contact registration (503-494-8505) to pre-register before
scheduling appointments.

Please indicate referral type:

Date: _____

High Risk Obstetric Care
(Perinatologist)

- Consultation with Perinatologist and Ultrasound
Establish/Transfer Obstetric Care

Obstetric Ultrasound Only

- Ultrasound

Prenatal Diagnosis

- Sequential Screen only
Genetic Counseling only
Genetic Counseling with:
Sequential Screen
Cell-free DNA Screening
Chronic Villus Sampling
Amniocentesis

Location

- OHSU Portland (Marquam Hill)
OHSU Tuality (Hillsboro)

Patient Information

Patient Name: _____

Patient DOB: ___/___/___ Contact Phone: _____

Interpreter: No Yes, what language? _____

Patient Insurance (please attach copy of insurance card)

Insurance Company: _____

Payor Name: _____

Subscriber Name: _____

Subscriber DOB ___/___/___ Subscriber ID: _____

Referral/Auth (if necessary) _____

Referring provider is responsible for contacting insurance company and
initiating referrals for visits/procedures that are requested. This needs to be
done when sending this form and records to our clinic.

Clinical Indication for Services Requested

(Rule out statement are not acceptable*)

ICD10 Code: _____ LMP or EDD: _____

Description:

Please Fax ALL obstetric and appointment-related medical records, including
current lab report documenting blood type and antibody screen, and
ultrasounds. Records must be received prior to scheduling.

Requesting Provider Information

Provider Name: _____ NPI: _____

Signature: _____ Date: _____

*Due to CMS Program Memorandum AB-01-144
Change Request 1724, dated September 26th, 2001
effective January 1, 2002 referring diagnosis is required for
diagnostic testing. Suspected or rule- out statements are
not applicable; if no confirmed diagnosis, please list
symptoms.