



UNIVERSITY OF SOUTH CAROLINA

SCHOOL OF MEDICINE
DEPT. OF OBSTETRICS & GYNECOLOGY - DIV. OF MATERNAL-FETAL MEDICINE
2 MEDICAL PARK, SUITE 106 - COLUMBIA, SC 29203

Fax this form to: (803) 434-7756
For questions call (803) 545-5700

Date: _____

PATIENT INFORMATION

Name: _____ DOB: _____
Address: _____ SSN: _____
City/State/Zip: _____
Does patient speak English? [] Yes [] No
If No, what language? _____
Primary contact number: _____
Secondary contact number: _____

INSURANCE INFORMATION

[] Private Insurance (type): _____ [] Self Pay
[] Medicaid: [] Fee for Service or [] HMO (please specify): _____ Preauthorization #: _____
Name of Insured: _____ Relationship to Insured: _____

PLEASE SEND DEMOGRAPHIC SHEET AND COPY OF INSURANCE CARD

REFERRING PHYSICIAN

Referring Physician: _____ Contact: _____ Phone: _____ Fax: _____
LMP: _____ EDC: _____ EDC by U/S: _____ [] Multiple Gestation: # of fetuses _____

Has this patient been seen in our office before for this pregnancy? [] Yes [] No

SERVICE REQUESTED (PLEASE COMPLETE INDICATION AND PROCEDURE)

Indication: _____ Patient Height/Weight/BMI: _____

[] OB Ultrasound: [] Viability/Establish Gestational Age
[] First Trimester Screening (12-14wks) Includes NT, genetic counseling and blood work
Blood type: _____ [] Chorionic Villus Sampling (10-13wks) Includes genetic counseling
Lab Report required [] Amniocentesis (16-21 wks) Includes genetic counseling
[] Routine Anatomy (~20wks) [] Cervical Length [] Fetal Growth Ultrasound
Antepartum Testing [] BPP/NST Dx: _____ [] Duplex Doppler [] MCA Doppler
[] Fetal Anomaly or Targeted Scan (describe): _____

[] GYN Ultrasound: DIAGNOSIS: _____ [] Transvaginal [] Abdominal

[] Genetic Counseling: [] AMA [] Family History: _____
[] Positive Multi-Marker Screen: [] Down Syndrome [] Trisomy18 [] Neural Tube Defect
[] Fetal Anomaly _____ [] Other _____

[] Maternal-Fetal Medicine: [] CONSULTATION [] TRANSFER OF CARE

Indication: _____

FAX ALL PRENATAL RECORDS AND LAB REPORTS WITH REFERRAL
PLEASE INFORM YOUR PATIENT THAT CHILDREN
ARE NOT ALLOWED IN OUR ULTRASOUND SUITES.