NEW MEXICO Sonographics

MFM PHYSICIANS NOW ON SITE

# Ultrasound Referral

Phone: (505) 938-BABY (2229)
Fax: (505) 441-2743
Toll Free: (877) 978-BABY (2229)

Patient Name: _____ DOB: _____ G: _____ P: _____

LMP:_____ BMI:_____ EDD: _____ Per: ☐ LMP ☐ Prior U/S ☐ Clinical

Referring Provider: _____ Provider Phone: _____

Emergency Provider Contact Info:_____ Provider Fax: _____

**DIAGNOSIS: (REASON FOR REQUEST)**

☐ **Fetal Nuchal Translucency (NT) with 1st Trimester U/S including adnexa**
**MUST be done between 11 1/2 to 13 6/7 weeks

**1st Trimester**

☐ Bleeding ☐ Viability ☐ Dating, Unknown Dates

**2nd Trimester**

☐ Detailed Anatomical Survey* and Fetal Echocardiogram (If Indicated)
☐ Growth/BPP
☐ Serial BPP ☐ Other Serial Exams: _____

**3rd Trimester****

☐ Detailed Anatomical Survey and Fetal Echocardiogram/BPP**
☐ Detailed Anatomical Survey/BPP**
☐ Growth/BPP**
☐ BPP
☐ Serial Ultrasound for: _____
☐ **Fetal Echocardiogram FOR: _____**
☐ **OTHER : _____**

**Maternal Fetal Medicine Consult If Needed**

☐ MFM Consult including Detailed Ultrasound and any follow up(s) deemed necessary by MFM Physician

_____
**Referring Provider Signature** **Date**

**Appointment Date:** _____ **Time:** _____

Clinic Location:

*** Preterm Labor Screen (Universal Standard) is a component of NMS Detailed Anatomy U/S**
**** BPP is a component of NMS U/S Evaluation after 25 weeks.**
****Per NMS practice's rural nature all serial BPP will have added evaluation of fetal position and placental location.**