

# Fetal Center Referral Form

\_\_\_\_\_ Date

\_\_\_\_\_ Referring physician name (OB/GYN and/or subspecialist) | \_\_\_\_\_ Office phone | \_\_\_\_\_ Office fax

\_\_\_\_\_ Practice contact/referral coordinator | \_\_\_\_\_ Office phone | \_\_\_\_\_ Office fax

\_\_\_\_\_ Patient name | \_\_\_\_\_ E-mail address

\_\_\_\_\_ Patient address

\_\_\_\_\_ Patient phone | \_\_\_\_\_ Alternate phone

\_\_\_\_\_ Translator needed? If yes, what language? | \_\_\_\_\_ Patient date of birth

\_\_\_\_\_ Primary insurance carrier | \_\_\_\_\_ Phone | \_\_\_\_\_ Policy number | \_\_\_\_\_ Group number | \_\_\_\_\_ Subscriber

\_\_\_\_\_ Secondary insurance carrier | \_\_\_\_\_ Phone | \_\_\_\_\_ Policy number | \_\_\_\_\_ Group number | \_\_\_\_\_ Subscriber

## Services requested (please check all that apply):

- Comprehensive fetal evaluation as deemed necessary by Texas Children's Fetal Center
- Consultation with specific Texas Children's faculty:
  - Cardiology/fetal echo
  - Craniofacial surgery
  - Fetal intervention
  - Genetics
  - Maternal fetal medicine
  - Nephrology
  - Neurology
  - Neurosonography
  - Neurosurgery
  - Orthopedics
  - Surgery/fetal surgery
  - Urology
  - Other: \_\_\_\_\_
- Fetal MRI
- Fetal ultrasound
- Transfer of care (pending approval)

Consultation and imaging reports will be transmitted back to your office as fast as possible. In addition to these written materials, would you also like to receive a phone call from the consulting physician?  yes, phone number \_\_\_\_\_

Is there an additional care provider (i.e. primary OB/GYN) that you would like us to include in post-consult communication?  
 yes, name \_\_\_\_\_ phone \_\_\_\_\_ fax \_\_\_\_\_

**Please fax these forms, along with all patient medical records including labs, ultrasounds and demographic info, to 832-825-9403.**

## Texas Children's Fetal Center

1-877-FetalRx (338-2579) – Toll-free  
832-822-BABY (2229)  
Fax: 832-825-9403



**Pavilion  
for Women**

[texaschildrens.org/fetal](http://texaschildrens.org/fetal)