

Texas Children's Fetal Center Referral (Pavilion for Women)

Date				
Referring physician name		Office phone	Office fax	
Practice contact/referral coordinator		Office phone	Office fax	
Patient name		Patient date of birth		
Patient address (street/city/state/zip)				
Patient phone		Alternate phone		
Translator needed? If yes, what language?		Patient e-mail address		
Primary insurance carrier	Phone	Policy #	Group #	Subscriber
Secondary insurance carrier	Phone	Policy #	Group #	Subscriber
Diagnosis/Indication for referral	Gestational Age	LMP	EDD	

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 Specialty (indicate selection(s) below):
 - Craniofacial/Plastics Neurology Orthopedics Fetal Intervention/Surgery
 - Genetics Neurosonology Pediatric Surgery Maternal Fetal Medicine
 - Nephrology Neurosurgery Urology Other: _____
- Fetal MRI Fetal Ultrasound Fetal Echo w/ Fetal Cardiology Consult Transfer of Care (pending approval)

Additional Questions

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 this form along with all patient medical records including labs, ultrasounds, and demographic info to 832-824-7333.

Texas Children's Fetal Center

Texas Medical Center

1-877-FetalRX (338-2579) Toll-Free

832-822-BABY (2229)

Fax: 832-824-7333

 **Texas Children's Hospital**[®]
Pavilion for Women