### Service(s) requested:

- □ Level II ultrasound w/ Maternal Fetal Medicine consult
- □ Level II ultrasound and High Risk OB Clinic (HROB)
- □ Follow-up ultrasound (EFW, placental location, cervical length, etc)
- □ HROB - consult only
- □ HROB - transfer of all care
- □ HROB - shared care
- □ Genetic counseling: Clinically recommended/medically necessary referral *
- □ Genetic counseling: Elective referral **

**Please send the following records:**

- □ All ultrasounds (dating, 20 week, etc)
- □ Prenatal record
- □ OB labs: ABORH, antibodies, CBC, HIV, RPR, Rubella, Hep B antigen, GC/Chlamydia, urine culture, pap smear, Hemoglobin A1C, TSH and/or Free T4, glucose tolerance (28 weeks), GBS status (37 weeks)
- □ Serum screening: Integrated, First Trimester, Quad, AFP, Panorama, MaterniT21
- □ Subspecialty consultation notes (cardiology, endocrine, internal medicine, etc)

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*Genetic counseling is counseling ordered by a provider (physician/APP) that is necessary for the diagnosis or treatment of disease, illness or injury, without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction or significant pain and discomfort.

**Elective genetic counseling includes self-referrals and screening services for indications that are not expected to impact the patient's management, or do not meet professional guidelines for standard of care.*