

**WakeMed Raleigh**  
 Raleigh Medical Park  
 23 Sunnybrook Road, Suite 316  
 Raleigh, NC 27610

**WakeMed North**  
 Physicians Office Pavilion  
 10010 Falls of Neuse Road, Suite 302  
 Raleigh, NC 27614

**Holly Springs**  
 101 Cotton Lane, Suite 101  
 Holly Springs, NC 27540



**MATERNAL FETAL MEDICINE**

*Appointments: 919-350-6002  
 Fax: 919-350-6003*

**PROVIDERS:** *(Please check if referring to a specific provider)*

- Carmen Beamon, MD, MPH, FACOG
- James Edwards, MD, FACOG
- Avick Mitra, MD, FACOG
- Jacqueline Muhammad, MD, FACOG
- Cheryl Dickerson, MS, CGC
- Maria Keever, MMSc, CGC

**REQUEST FOR SERVICES**

Date of Request: \_\_\_\_\_ Same Day Request?  No  Yes (if yes, please call MFM office)

Preferences for appointment (Date/Time): \_\_\_\_\_

Location: Raleigh, North or Holly Springs *(Circle all if no preference)*

**Patient Information** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred Contact Phone #: \_\_\_\_\_ Medical Insurance Company: \_\_\_\_\_

Insurance ID: \_\_\_\_\_ Group ID: \_\_\_\_\_ *(Please fax insurance card with referral).*

G/P: \_\_\_\_\_ LMP: \_\_\_\_\_ EDD: \_\_\_\_\_ Is EDD by LMP or Ultrasound? *(Circle one)*

If prior ultrasound performed: Date of ultrasound: \_\_\_\_\_ Gestational age at time of prior ultrasound: \_\_\_\_\_

Blood type: \_\_\_\_\_ Antibody screen: \_\_\_\_\_ BMI: \_\_\_\_\_

Prior aneuploidy screening:  No  Yes\* *(If yes, please send copy of results with referral.)*

**Referring Provider Information** Practice Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Practice Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Requested Services (Mark ALL that apply)**

| Ultrasound   | Consultation   |
|--|--|
| <input type="checkbox"/> First Trimester/Viability/Dating/Chorionicity (consult if needed)<br><input type="checkbox"/> First Trimester Aneuploidy Screening/Nuchal Translucency (consult if needed)<br><input type="checkbox"/> Basic anatomy (consult if needed)<br><input type="checkbox"/> Comprehensive anatomy (consult if needed)<br><input type="checkbox"/> Fetal Echocardiogram (consult if needed).<br><input type="checkbox"/> Follow-up ultrasound (only if prior MFM ultrasound) (consult if needed)<br><input type="checkbox"/> Cervical Length (consult if needed)<br><input type="checkbox"/> Biophysical Profile (consult if needed)<br><input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> MFM Physician Counseling<br><input type="checkbox"/> Genetic Counseling<br><b>Indication for consultation/Additional comments:</b><br>_____<br>_____<br>_____ |

**Indications/Diagnosis (Mark ALL that apply)**

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Screening for aneuploidy/structural abnormality<br><input type="checkbox"/> Uncertain Gestational age<br><input type="checkbox"/> Abnormal Ultrasound - Specify: _____<br><input type="checkbox"/> Large for Dates      Small for Dates<br><input type="checkbox"/> Diabetes - Preexisting or Gestational<br><input type="checkbox"/> Hypertension - Preexisting or Pregnancy-induced<br><input type="checkbox"/> Multiple gestation: # _____ | <input type="checkbox"/> Advanced maternal age<br><input type="checkbox"/> Abnormal aneuploidy screening<br><input type="checkbox"/> Alloimmunization - Specify Antibody: _____<br><input type="checkbox"/> Positive Family History - Specify: _____<br><input type="checkbox"/> Medication Exposure - Specify: _____<br><input type="checkbox"/> Patient request<br><input type="checkbox"/> Preconception counseling | Other indication: (Please specify)<br>_____<br>_____<br>_____ |
|--|--|---|

**\*\*\*Please fax records >= 2 days before scheduled appointments\*\*\***

*Using the phone and fax numbers from the top of this form, please call for an appointment or fax this request to our office (along with appropriate records, notes, lab results, insurance info where applicable). **Thank you for your referral.** To download this form electronically, visit [wakemedphysicians.com](http://wakemedphysicians.com) and click on "Referring Providers."*