



**Bethesda Health
Physician Group**

BAPTIST HEALTH SOUTH FLORIDA

Request for Services
Maternal-Fetal Medicine of the Palm Beaches

Aaron Deutsch, MD
1325 South Congress Ave, Suite 103
Boynton Beach, FL 33426
Tel: (561) 364-0200 Fax: (561) 733-2602

Patient name: _____ Date of Referral: ____/____/____
Patient DOB: ____/____/____ Patient Phone: _____
Patient Email: _____
Patient Insurance: _____ Ins ID Number: _____
Referring Physician: _____ Ph: _____ Fax: _____

Please specify at least one: EDC: _____ LMP: _____

Services Requested

- Screening for aneuploidy*** (sequential screen or AFP4, + anatomy ultrasound)
- MFM Consultation with Co-management*** (if necessary)
- Ultrasound*** (antenatal testing, viability, estimated fetal weight, anatomy, detailed scan, NST, BPP etc.)
- Amniocentesis*** (>16 weeks) or **CVS** (11.0-13.6 weeks)
- Preconceptions Counseling/ Genetic Counseling***

Clinical indication for services requested. Please specify one if applicable:

- Advanced Maternal Age (>35 years young)
- Gestational Diabetes
- Hypertension
- Poor OB History (Recurrent Miscarriage, Fetal Demise, Preeclampsia, etc)
- Preterm Birth
- Multiple Gestations (Twins, Triplets, etc.)
- Cervical Insufficiency
- Thyroid Disease
- Other - **please include the ICD10 code and/or description:** _____

*With MFM consultation, diagnostic testing, and genetic counseling as appropriate

In order for us to best serve your patient, please fax all prenatal records, labs, and ultrasound reports to our office prior to her scheduled appointment.