OBSTETRIX MEDICAL GROUP

**Magella Medical Group, Inc.**

REQUEST FOR SERVICES FOR
MATERNAL-FETAL MEDICINE

☐ **Saddleback Memorial**
24411 Health Center Drive, Suite 300
Laguna Hills, CA 92653
**Phone: (949) 504-8696**
**Fax: (949) 607-4794**

☐ **Canyon Medical Plaza**
15785 Laguna Canyon Road, Suite 360
Irvine, CA 92618
**Phone: (949) 788-0079**
**Fax: (949) 788-0947**

☐ **Hoag Memorial Hospital**
361 Hospital Road, Suite 229
Newport Beach, CA 92663
**Phone: (949) 515-7861**
**Fax: (949) 515-7846**

**PLEASE FILL OUT THE FOLLOWING INFORMATION BELOW, CHECKING THE APPROPRIATE BOXES, SIGN AND SEND THIS FORM ALONG WITH THE REQUESTED MEDICAL RECORDS**

Date of Request: _____ Requesting Provider: _____

Patient Name: _____ DOB: _____ EDC: _____

Patient Phone: _____ Insurance: _____ Subscriber: _____

❑ **ULTRASOUND**
- ____ Fetal Survey
- ____ Growth
- ____ NT Testing
- ____ F# _____
- ____ Chorionic Villus Sampling
- ____ Amniocentesis
- ____ Cervical length

❑ **Records sent (genetic screening results, blood type)**

**Indication:**
- ____ AMA ____ HTN ____ Cervical surgery
- ____ Breech Version ____ BMI >30
- ____ Diabetes (GDM or pregestational)
- ____ History of Pre-term birth / cervical shortening
- ____ Multiple Gestation
- ____ Positive Prenatal Screen
- ____ Diagnostic second opinion
- ____ Other: _____

❑ **CONSULTATION**

❑ **Records sent (all prenatal records)**

**Indication:**
- ____ CHTN
- ____ Diabetes (GDM or pregestational)
- ____ History of Pre-term birth / PROM / cervical shortening
- ____ Mutiple Gestation
- ____ Other: _____

❑ **GENETIC COUNSELING**

❑ **Records sent (all prenatal records)**

**Indication:**
- ____ Non-Invasive Prenatal Screening (maternit21, harmony)
- ____ Personal/family history of genetic abnormality
- ____ Positive Prenatal Screen
- ____ CVS/Amniocentesis
- ____ Other: _____

❑ **Antenatal Testing**
- ____ NST/AFI
- ____ Biophysical Profile

❑ **Transfer of OB care** (❑ **records sent**)

**Indication:**
**Please list:** _____

**Additional Comments:** _____

**PLEASE FAX REFERRAL AND APPROPRIATE MEDICAL RECORDS TO FAX NUMBER CHECKED AT THE TOP**