

# Minnesota Perinatal Physicians

- Complex Maternal Obstetric Medicine Surgical Clinic (MOMS)
- Genetics Clinic
- Morbidly Adherent Placenta Program
- Cardiovascular Obstetric Program

**Midwest Fetal Care Center**  
A service of Allina Health and Children's Minnesota

**Fetal Cardiology Program**  
Children's Heart Clinic

Please provide all pertinent medical records. **Lack of records may delay the patient visit.** Patients will be scheduled for appointments and locations based on the diagnosis and service requested.

Patient name \_\_\_\_\_ DOB \_\_\_\_\_ Best contact number \_\_\_\_\_

Diagnosis \_\_\_\_\_ What are you referring your patient for? \_\_\_\_\_

I approve MPP and MWFCC to schedule the patient for appropriate visit types for the indications above OR please select below

To refer to the **Midwest Fetal Care Center** please call 612-863-9924 or fax this form to 612-863-0130.

**For urgent concerns, please call a MWFCC physician directly at 612-863-9924. To speak directly with the fetal cardiology team, please call 612-964-6344.**

### Consult request

- Fetal intervention evaluation for condition noted above
- Fetal cardiac evaluation with pediatric cardiology

**Visits will be coordinated with other resources as indicated**

To refer to **Minnesota Perinatal Physicians** please fax this form to 612-863-5697.

**We invite you to be connected with one of our MPP physicians directly at 612-863-4502 if your patient concern is urgent at any time.**

- Suspected fetal anomaly
- Pre pregnancy consult
- Consults: pregnancy risks/management/testing/del recommendations
- Level II ultrasound plus physician consult for risk indications
- Medication review
- Genetic counseling

### Procedure only visits –no MFM consults

- Level I ultrasound, Read only service
- Level II ultrasound, Routine only (20-23 weeks), MFM echo as indicated
- Follow up growth scan (only if L2 with MPP)
- Weekly Dopplers
- First trimester ultrasound screen
- CVS/Amniocentesis (includes genetic counseling if needed)
- Weekly or  Twice weekly BPP/NST

**Ordering provider to receive report (please print)** \_\_\_\_\_

Provider signature and date \_\_\_\_\_

Clinic contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

I approve future ultrasound / testing to be scheduled and ordered under my name

**OR**

Please provide recommendations only

Thank you for the opportunity to share in the care of your patient. EPIC based providers will receive an in-basket report. Non-EPIC based providers will receive a faxed report. By ordering services here, you approve MPP/MWFCC to schedule the patient for the appropriate visit type based on the patient's condition. Our brand promise is to call the referring provider with all new, significant findings.