

SSM Health
St. Louis
Fetal Care
Institute

Service Request Form

Thank you for the opportunity to consult with your patient. We appreciate your efforts for coordination of care. In order to optimally serve this patient, please fax this form and all medical records (including hard copy prenatal labs and ultrasound reports) to our office at 314- 678-4499.

Phone 314-268-4037, option 2
Toll-free 1-877-SSM-FETL (776-3385)
Web stlouisfetalcare.com
Email fetalcare@ssmhealth.com
Facebook facebook.com/fetaldocs



Patient Information

Patient Name

DOB / / Blood Type

LMP EDC

Preferred Appointment Timing

- Urgent *Please call us at 314-268-4037, option 2 to arrange for the first available appointment*
- Within Two-Weeks
- Routine Follow-Up

Service Requested

- Level II Ultrasound
- Fetal MRI
- Fetal Echocardiogram
- Monochorionic Diamniotic Twin Screening
- Additional Studies As Dictated By Clinical/ Sonographic Findings
- Other

Consultations Requested

- MFM
- Cardiology
- CT Surgery
- Neonatology
- Genetics
- Social Services
- Fetal Heart Program Nurse Coordinator
- Other Consultations

Indication For Consultation

Indication For Consultation

Referring Physician Name *please print*

Physician's Email

Office Phone () Office Fax ()

Referring Physician Signature and Date

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