UnityPoint Clinic

UnityPoint Clinic – Maternal Fetal Medicine
855 A Ave. NE, Suite 120
Cedar Rapids, Iowa 52402
(319) 297-9350
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unitypoint.org

Specialty Referral Form
MATERNAL FETAL MEDICINE

Patient Information

First Name: _____ Last Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Language: _____

Insurance (please provide front/back copy of card): _____

Past Medical History

☐Include most recent progress notes including prenatal flowsheet and OB intake

☐Include all labs for this pregnancy including genetic testing

☐ Include all ultrasound reports for this pregnancy including dating US

Referring Office:

Date of Referral: _____

Referring Provider: _____ Referring Office: _____

Phone: _____ Fax: _____ City: _____ State: _____

Reason for Referral: _____

Please check: ☐ US Only ☐ Consultation Only ☐ US and Consultation

Specialty Specific Information:

Primary OB Name: _____ Practice Name: _____

Phone: _____ Fax: _____ City: _____ State: _____

NPI Number: _____

Patient BMI: _____ LMP: _____ EDD: _____

Scheduling:

UPC MFM will call patient directly to schedule appt once documents have been received.