

# Order Form

## Mercy Maternal and Fetal Health Center

### Test Location: (check one) To schedule an appointment, call or fax:

**Mercy Hospital South  
Perinatal Center**  
Phone: 314-525-4871  
Fax: 314-525-4248

**Mercy Hospital WSH  
Imaging Services**  
Phone: 636-239-8250  
Fax: 636-239-8271

**Mercy Hospital JFF  
Imaging Services**  
Phone: 636-933-5745  
Fax: 636-933-5740

**Mercy Hospital STL  
O'Fallon, MO**  
 **Maryville, IL**  
Phone: 314-251-6981  
Fax: 314-251-4995

Patients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patients Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

LMP: \_\_\_\_\_ EDD: \_\_\_\_\_  Singleton  Twins  Triplets  \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**Symptoms/Concern:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_ Ins. Referral Auth. No.: \_\_\_\_\_

Appt. Date /Time: \_\_\_\_\_

## Testing

Please check the type of testing being ordered.

**1st Trimester US (5-14 Weeks)**

*Fax HCG with order.*

**Basic US (2nd & 3rd Trimester US  
(low risk anatomy screen))**

**Fetal Detailed Anatomic US/  
Comprehensive US (high risk)**

**Cervical Length ( $\geq$  15 weeks)**

**Blood Flow Studies/Doppler**

**Fetal Echocardiogram**

**Fetal Monitoring**

(Indicate frequency and type of testing)  **1x/week**  
 **2x/week**

**MBPP** (Modified Biophysical Profile)

**NST** (Non Stress Test)

**BPP** (Biophysical Profile)

**For all Genetic Testing listed below**, please call Genetic Counseling at 314-251-6884 or fax this form to 314-251-4157.

**Genetic Counseling**

**1st Trimester Screen/Nuchal Translucency**  
(11-13 Weeks 6 days)

**Genetic Counseling with:**

**Genetic Amniocentesis/Chromosome Testing**  
*Fax ABO Rh with order*

**Chorionic Villus Sampling**  
*Fax ABO Rh with order*

**Cell-Free Fetal DNA Test**

**MFM Consultations** are performed as appropriate for abnormal fetal findings at time of ultrasound, or by referring physician request for fetal concerns. A separate report and charge are generated. You may request consult at any time.

*Fetal Consult is requested for this visit*

