

Mercy Norman Baptist Tulsa
405-748-4726 405-801-2542 405-606-2850 918-947-5980
F 405-607-8497 F 405-801-2564 F 405-606-2855 F 918-746-2230

PERINATAL CENTER OF OKLAHOMA, PLLC

NAME: _____ SSN: _____ - _____ - _____

DOB: _____ - _____ - _____ HOME: () _____ - _____ CELL: () _____ - _____

EMAIL _____

Required to send electronic images

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

*****PLEASE ATTACH A FRONT/BACK COPY OF INSURANCE CARD*****

REFERRING DR: _____ CONTACT _____

SERVICES REQUESTED: **ROUTINE:** _____ **URGENT:** _____

REASON FOR REFERRAL _____

FIRST TRIMESTER SCREEN _____ GENETIC COUNSELING _____

COMPREHENSIVE ANATOMY _____ DIABETIC EDUCATION _____

SIZE & DATE (NO HEALTH PROBLEMS) _____ PRECONCEPTION CONSULT _____

BLOOD TYPE: _____ LMP _____ EDC _____

HAS PATIENT HAD ANY PRENATAL SCREENING FOR ANEUPLOIDY FOR THIS PREGNANCY?

YES _____ NO _____ DECLINED _____ PENDING _____

ULTRASOUND: **YES** _____ **NO** _____ DATING ONLY-NO REPORT _____

PLEASE SEND REPORT

APPT DATE: _____ - _____ - _____ APPT TIME: _____ : _____ AM/PM

SCHEDULER _____

Notes: _____

******PLEASE FAX ALL PRENATAL RECORDS AND LABS******