

NAME: _____

MRN: _____

D.O.B. _____



UT Medical Group, Inc.
Center for High Risk Pregnancies
OB-GYN - Maternal-Fetal Medicine
6215 Humphreys Boulevard, Suite 201
Memphis, Tennessee 38120-2382
901-866-8085 • Fax: 901-302-2085

Patient stamp or label above

Center for High Risk Pregnancies – Perinatal Outreach – Request for Consultation

Patient Name: _____

Please include prenatal records; any lab, ultrasound or test results; and a copy of the current insurance card.

SS# _____ MRN: _____ DOB: _____ Blood Type: _____

Phone # (home): _____ Phone # (work): _____

Phone # (cell) _____ Phone # (alternate) _____

Insurance company: _____ ID #: _____

Referral needed: No Yes Authorization # _____

For:

- Targeted Ultrasound with Consultation
- Perinatal Consultation
- BPP
- CVS with Genetic Consultation
- 1st Trimester Screen and Genetic Consultation
- Diabetes Management Program with Ultrasound and Consultation
- Rhogam Injection
- Routine Level I Ultrasound
- Preconception counseling

Other: _____

Indication: _____

Date to be seen: _____

LMP: _____

EDC: _____

Referring Physician: _____

Office Contact: _____

Phone: _____ Fax: _____

NPI

Dr. Giancarlo Mari 1528005006

Dr. Yinka Oyelese 1568407955

Dr. Owen Phillips 1023075611

Dr. Michael Schneider 1457399560