

Maternal Fetal Medicine of
Arizona, PLLC
4852 E Baseline Rd Suite 104
Mesa AZ 85206
www.fetaldoctors.com

Maternal Fetal Medicine of Arizona

TO SCHEDULE AN APPOINTMENT

CALL **480-467-3545**

FAX **480-467-3565**

Dr. Zoi Russell

New patients, to save time go to www.fetaldoctors.com to fill out the New Patient Packet

REFERRAL FORM

In order for us to best serve your patient, we will need all medical records and authorizations prior to the scheduled appointment. New patients need to arrive 30 minutes prior to their appointment. **All patients need to bring their insurance card, this referral form and photo ID.**

Referring Provider Information

Name: _____

Phone: _____ Fax: _____

Scheduling Preference: Urgent Routine Preferred Date _____

Patient Information

Name: _____ DOB: _____

Contact Number: _____ EDD: _____

Insurance: _____ ID# _____ Group# _____

Indication(s) for referral

Service(s) requested (MUST check at least one)

- Ultrasound** with consultation as indicated.
- Consultation** with ultrasound as indicated.
- Amniocentesis** with ultrasound/consultation/antenatal testing as indicated.
- Antenatal Testing (NST/BPP)** Frequency: _____
- Genetic Counseling** with ultrasound as indicated.

Date: _____ Referring Provider Signature: _____

Thank you for your referral

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