SOUTH FLORIDA Perinatal Medicine

Anthony Lai, M.D.
Jorge L. Gomez, M.D.
Jessica Belalcazar, ANRP
Aileen Perez, ANRP

Accredited by American Institute of Ultrasound in Medicine

☐ Hialeah Hospital Office - 777 East 25th St- Suite 402, Hialeah, FL 33013 — 305-835-7909 Fax: 305-835-9353
☐ Kendall Regional Medical Office - 11760 Bird Road- Suite 329, Miami, FL 33175 — 786-621-5300 Fax: 786-621-5303
☐ Mt. Sinai Medical Center -4308 Alton Road - Suite 730, Miami Beach, FL 33140 — 305-403-1234 Fax: 305-403-0345
☐ North Shore Medical Center - 1190 NW 95th St - Suite 204, Miami, FL 33150 — 305-691-2180 Fax: 305-691-2182
☐ South Miami Medical Arts Building - 6200 Sunset Drive- Suite 301, Miami, FL 33143 — 305-669-9521 Fax: 305-669-9735
☐ Ft. Lauderdale Office- 3107 Stirling Road - Suite 106, Ft. Lauderdale, FL 33312 — 305-859-7809 Fax: 305-859-7790

To schedule an appointment at any of our locations please call our Scheduling Call Center @ 786-621-8900
Please remember to bring your insurance card, a picture ID, & the doctor's written order to your appointment.
Please send doctor's written order to fax: 786-319-4509 or email: APPT@SFPM.US

Patient Name: _____ Date: _____/_____/_____
Referring Physician Name: _____

GYN Services
☐ GYN Abdominal/Vaginal USD (DX): _____
☐ Hysterosonogram (DX): _____

Perinatal Services
1st Trimester OB Ultrasound
☐ **With** Nuchal Translucency ☐ **Without** Nuchal Translucency
_____

☐ OB Ultrasound w/ BPP (if applicable) w/consult if applicable
☐ Biophysical Profile w/ USD (If applicable) w/consult if applicable
☐ Non-stress Testing
☐ 2nd Opinion U/S w/consult if applicable
☐ Amniocentesis/Genetic Counseling & US
☐ CVS/Genetic Counseling & US
☐ Diabetic Management w/ USD or BPP (if applicable)
☐ MD Consult w/ USD (if applicable): DX_____
☐ Lung Maturity Testing (LS Ratio)
☐ Genetic Consult w/ USD (if applicable): DX_____
☐ Other: _____

Prenatal Paternity Testing
☐ Invasive (Amniocentesis/CVS)
☐ Blood test
dates)

Pregnancy Screening Services
(Please select **only one** below)

"With" Counseling:
☐ Aneuploidy Screening and/or Diagnostic Options
(referring physician: please state if any Screening test preference)
Preference:

☐ **With** Fetal Anatomy Ultrasound ☐ **Without** Fetal Anatomy Ultrasound

"**Without**" Counseling:
☐ **1st Trimester Screen (11-13 6/7 wks)**
☐ **With** Fetal Anatomy Ultrasound ☐ **Without** Fetal Anatomy Ultrasound

☐ **Sequential Screen (Part 1-11 to 13 6/7 wks; Part 2 - in Second Trimester)**
☐ **With** Fetal Anatomy Ultrasound ☐ **Without** Fetal Anatomy Ultrasound

☐ **Integrated Screen (Part 1-11 to 13 6/7 wks; Part 2 -in Second Trimester)**
☐ **With** Fetal Anatomy Ultrasound ☐ **Without** Fetal Anatomy Ultrasound

☐ **2nd Trimester Multiple Marker Screen AFP-4 (QUAD SCREEN)**
☐ **With** Fetal Anatomy Ultrasound ☐ **Without** Fetal Anatomy Ultrasound

☐ **MSAFP ONLY**
☐ **With** Fetal Anatomy Ultrasound ☐ **Without** Fetal Anatomy Ultrasound

☐ **Non Invasive Prenatal Testing (includes ultrasound to determine**

Please indicate Test preference: _____
☐ **With** Fetal Anatomy Ultrasound ☐ **Without** Fetal Anatomy Ultrasound

Obstetrical Diagnosis/ Indications (Please check all that apply)

☐ Abnormal AFP/ Prenatal screen	☐ Ectopic Pregnancy	☐ Pre-Term Labor / PROM
☐ Advanced Maternal Age (AMA)	☐ Family HX of: _____	☐ Polyhydramnios
☐ Fetal Anatomy	☐ Fetal Presentation	☐ Placenta Previa
☐ Bleeding/ Spotting	☐ Intrauterine Growth Restriction (IUGR)	☐ Screening
☐ Cervical Incompetence	☐ Macrosomia	☐ Multiple Gestation
☐ Diabetes: Gestational / Pre Gestational	☐ Oligohydramnios	☐ Threatened AB
☐ Poor OB HX: _____	☐ Post Term Pregnancy (40+ Weeks)	☐ Viability
☐ Decreased Fetal Movement	☐ Hypertension	☐ No Fetal Heartbeat
☐ Medication / Drug Exposure	☐ Radiation Exposure	☐ Unsure Dates

☐ Abnormal Ultrasound/ Findings: _____ ☐ Comments /Other: _____

Physician Signature: _____

Please see reverse side for office directions. New Patients please visit our website www.sfpm.us to register and click on the "Schedule an Appointment" tab located on the left side for insurance and appointment information. *Thank you!*