

## Fetal Echo Verbal Order Form

**Order: PEDS CUS FETAL ECHOCARDIOGRAM COMPLETE**

**Referring Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Ordering provider: All mid-level providers must include an Attending provider (ex. Allison Welch, PA / Dr. Derick Williams)*

**Practice Name:** \_\_\_\_\_

**Practice Phone:** \_\_\_\_\_ **Practice Fax:** \_\_\_\_\_

**Practice Referral Contact Name (First/Last):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Patient Name (First/Last):** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_ **Patient Phone:** \_\_\_\_\_

**Diagnosis Code:** \_\_\_\_\_

**Reason for Echo (ex: DM in pregnancy):** \_\_\_\_\_

**Type of Pregnancy (Singleton/Twin/Triplet):** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

**Is this referral order urgent or routine:** \_\_\_\_\_

*\*If urgent please complete this referral order & call our Fetal Nurse Navigator for urgent scheduling 336-713-4556.*

### **Please fax the following:**

- Completed Order Form
- Last office note
- Fetal Echo Order
- Any other pertinent information
- ***\*Urgent Orders\* fax all of the above  
& call 336-713-4556 for urgent scheduling***

**Fax Number: 336-713-4501 | Attn: Fetal Nurse Navigator**