UP HEALTH SYSTEM MARQUETTE
A Duke LifePoint Hospital

Specialty Clinic
UPHS Marquette – Medical Office Bldg.
850 W Baraga Avenue
Marquette, MI 49855
P: 906.449.4880 F: 906.449.1815

MATERNAL-FETAL MEDICINE REFERRAL FORM

Please fax this request to the
Specialty Clinic at (833)673-0349
Phone Number (906) 449-4880

OB PATIENTS ONLY

Referral Date _____ / _____ / _____

Patient Name _____ Date of Birth _____ / _____ / _____

Parent's Name (if applicable) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work or Cell Phone _____

PRIMARY INSURANCE _____ **POLICY #** _____ **GROUP #** _____

POLICY HOLDER _____ **POLICY HOLDER D.O.B.** _____

Secondary Insurance _____ POLICY # _____ GROUP # _____

POLICY HOLDER _____ **POLICY HOLDER D.O.B.** _____

Referred By _____ **Referring Office Physician** _____

Office Contact _____ **Phone** _____ **Fax** _____

Reason for Referral/Chief Complaint _____

If applicable: LMP _____ **EDC** _____

Urgency of Referral: ☐ Urgent ☐ Time specific for testing ☐ Next available (within 2 months)

What type of work-up would you anticipate for your patient (please check all that apply):

- ☐ US with consult
- ☐ US only
- ☐ Consult only
- ☐ Pre-conceptual consultation
- ☐ Amniocentesis
- ☐ Diabetes Education
- ☐ Provider discretion
- ☐ Other: _____

Please fax the following information with this referral form. Thank You.

- ☐ **Last Ultrasound: Date** _____/_____/_____
- ☐ **Office Notes**
- ☐ **Lab Works**
- ☐ **Genetic Testing Results**

For Specialty Clinic Office use only

Appointment Date: ____/___/____

☐ **Contact 1** _____
☐ **Contact 2** _____
☐ **Contact 3**

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