

Additional comments: \_

Maternal Fetal Evaluation Unit—Mount Sinai West 425 West 59<sup>th</sup> Street, 4<sup>th</sup> Floor New York, NY 10019

**FEU** (ultrasound unit) Phone: 212-523-8110 FEU Fax: 212-523-8443
Genetics (124 West 60<sup>th</sup> street) Phone: 212-523-5947 Genetics Fax: 212-523-3864

## ALL PATIENTS NEED TO BRING THE REFERRAL FROM THEIR OB/GYN, INSURANCE CARD AND ID.

Referring Provider:				
Patient's Name:				
DOB:				
LMP or EDD:		□ twins	□ triplets	
Please mark the study/studies you wish to ord	er:			
Dating				
For the NT ultrasound appointment, choose one	•			
NT ultrasound only (11-13 weeks)				
NT (11-13 weeks) + First Sci		-		
NT (11-13 weeks) + cell free fetal	•	T/MaterniT2	1/Panorama/Harmony etc	:.)
with First Screen				
This requires two separate appoint of the control o	CALL 212-523-8110 TO 2-523-5947 TO SCHED's cannot be scheduled by	O SCHEDU ULE GENE	LE THE NT ULTRASO TIC COUNSELING. Pl	OUND, AND ease note that
Follow Up / growth – EFW (over 14 weeks				
Early Anatomy scan (14-16 weeks)	,			
Comprehensive Anatomy scan (20-22 week	(s)			
Anatomy follow-up				
Limited sonogram				
Transvaginal sonogram / cervical length				
Fetal echocardiogram (call 212-241-ECHO	to schedule, separate ref	erral can be	given)	
Fetal Doppler				
Fetal testing:				
BPP with NST				
BPP only				
NST only				
Patients for CVS/amniocentesis need to call go Patients requiring carrier screening also need		· ·		he procedure