

**Cone Health Center for Maternal Fetal Care at Burlington**  
2921 Crouse Lane  
Burlington, NC 27215  
(336) 890-2630 Office

**SCHEDULING LINE: (336) 890-3255**  
**PLEASE FAX FORM AT TIME OF SCHEDULING TO (336) 890-3298**

**PATIENT NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**REQUESTING PHYSICIAN:** \_\_\_\_\_ **APPOINTMENT DATE/TIME:** \_\_\_\_\_  
**EDD:** \_\_\_\_\_  **LMP Date:** \_\_\_\_\_  **Early U/S Date:** \_\_\_\_\_ **EGA** \_\_\_\_\_ **Multiple Gestation:**  **YES**  **NO**

**Insurance Pre-Authorization#** \_\_\_\_\_ **Given by:** \_\_\_\_\_

**ULTRASOUND (MD CONSULT AS INDICATED)**  **MFM CONSULT ONLY**

**INDICATIONS:** \_\_\_\_\_  
\_\_\_\_\_

**GENETIC COUNSELING**

**INDICATIONS:** \_\_\_\_\_  
\_\_\_\_\_

**ANTENATAL TESTING:**

- \_\_\_ **FETAL NON-STRESS TEST (59025)**
- \_\_\_ **BIOPHYSICAL PROFILE WITHOUT NST (76819)**
- \_\_\_ **BIOPHYSICAL PROFILE WITH NST (76818)**

**FIRST TRIMESTER ULTRASOUND:**

- \_\_\_ **OB COMPLETE < 14 WK ANATOMY US (76801)**
- \_\_\_ **OB TRANSVAGINAL (76817)**
- \_\_\_ **NUCHAL TRANSLUCENCY (76813)**
- \_\_\_ **OB LIMITED (NO MEASUREMENTS) 76815**

**SECOND and THIRD TRIMESTER ULTRASOUND:**

- \_\_\_ **OB + 14 ANATOMY (76805) #FETUS** \_\_\_\_\_
- \_\_\_ **OB + 14 DETAIL ANATOMY (76811) #FETUS** \_\_\_\_\_
- \_\_\_ **OB FOLLOW-UP (76816) #FETUS** \_\_\_\_\_
- \_\_\_ **OB LIMITED (NO MEASUREMENTS) (76815)**
- \_\_\_ **OB TRANSVAGINAL (76817)**
- \_\_\_ **FETAL UMBILICAL ARTERY DOPPLER (76820)**
- \_\_\_ **FETAL MIDDLE CEREBRAL ARTERY DOPPLER (76821)**

**PROCEDURES:**

- \_\_\_ **AMNIOCENTESIS (76946)**
- \_\_\_ **CHORIONIC VILLUS SAMPLING**

**PLEASE COMPLETE THE FOLLOWING:**  
**Indication(s) for exam(s):** \_\_\_\_\_  
\_\_\_\_\_ **ICD 10 Code(s):** \_\_\_\_\_  
\_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PROVIDER SIGNATURE (Required)** \_\_\_\_\_