



If an appointment is urgently needed, please call the office and send request

Prenatal Wellness Center Request

Appointment Scheduling: 843-876-1200

Fax Referrals: 843-876-1264

MUSC Women's Care
135 Cannon Street
Charleston, SC 29425

MUSC Health North
8992 University Blvd
North Charleston, SC 29406

Referring Practitioner: _____ Office #: _____ Fax #: _____

Name: _____ Phone: _____ DOB: __/__/__ SSN: _____

Address: _____ Interpreter Needed? Yes _____

Insurance (or fax card): _____ Policy #: _____ Preauthorization #: _____

Phone: _____ Subscriber's name: _____

REQUIRED

Requested service: (check as many as needed)

- Consultation: MFM Physician Genetics
- Ultrasound
- Diagnostic Testing: CVS Amniocentesis
- Diabetic/Nutritional counseling
- Transfer of care
- Telemedicine

Note: We will provide additional clinical services deemed necessary at time of visit.

If you do **not** wish that, please specify below:

Provide ONLY what is ordered

Reason for Requested Service(s) as checked above: (As much information as possible please)

To schedule clinical services, please fax all:

- Prenatal Records
- 1st Trimester/Quad Screen results/Genetic Screens
- Lab Reports (original report)
- Prior ultrasounds

LMP __/__/__ EDC __/__/__

Pt's weight ____ lbs Blood type _____

Singleton Multiples

Signature of Referring MD: _____ Date: _____