

Seattle Children's PRENATAL Appointment Request
Please fax to: 206-987-2962. Clinic phone: 206-987-5629

Referral Date: _____ Interpreter needed? No Yes Language _____

Patient Name: _____ DOB: _____ Due Date _____

Patient Phone: _____ Alternate Phone: _____

Referral reason/ Dx: _____

Desired appointment timeframe: _____

Name of Referring Provider: _____ Practice name: _____

Referring Provider Phone: _____ Fax: _____

Primary OB (if not referring): _____ Practice name: _____

Primary Provider Phone: _____ Fax: _____

Unsure what your patient needs? Please call the Prenatal Team at Springbrook to discuss: 206-987-5629
Specialists requested: (please check all that apply) **Seattle is the primary location where a combination of specialists can be seen together.

- Fetal Echo + Pediatric Cardiology
- OB US + Maternal Fetal Medicine
- Genetic Counseling
- Medical Genetics
- Pediatric Neurology/Neurodevelopmental
- Fetal MRI

- Pediatric General Surgery
- Pediatric Cardiac Surgery
- Pediatric Nephrology
- Pediatric Urology
- Other _____

Cardiology is available in several locations. Please mark preferred site to schedule if available during desired timeline:

- Seattle Everett Bellevue Federal Way Tacoma Olympia Silverdale Tri Cities Yakima Wenatchee Valley

Craniofacial (fax 206-985-3121, call 206-987-2208 for scheduling) **Orthopedics** (fax 206-985-3121, call 206-987-2109 for scheduling)

PLEASE INCLUDE THE FOLLOWING WITH YOUR REFERRAL:

- Patient demographics + insurance information
- Ultrasound reports
- OB clinic notes + lab results
- MFM consult notes (if applicable)
- Genetic counseling notes, pedigree, and test results