

# Midwest Perinatal Associates

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Blood Type: \_\_\_\_\_ LMP: \_\_\_\_\_ EDC: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Gravida: \_\_\_\_\_ Para: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Pre-Auth#: \_\_\_\_\_

**PLEASE NOTE: We would prefer a phone call for all ASAP appointments. We have a 2 business day turn around on faxed appointments. If you have not received a response within this time frame, please call our office to verify the fax was received.**

**PLEASE NOTE: If the insurance company requires a referral or pre-authorization number, we CANNOT make an appointment until that has been received. That list includes, but not limited to Tri-Care, Healthcare USA, Home State Health Plan and Missouri Medicaid.**

**REASON FOR VISIT:** \_\_\_\_\_ **Location:** \_\_\_Overland Park

P: 913-599-1396

F: 913-599-1399

**Please Mark ALL Tests Required:**

\_\_\_North Kansas City

P: 816-459-7163

F: 816-413-9509

\_\_\_ Perinatal Consult

\_\_\_ Genetic Consult (For AMA, Family Hx, Abnormal AFP, ect. Patient seen @ 15-22 weeks)

\_\_\_ Diabetic Consult (The patient MUST see a dietician approx. 1 week prior to MPA appointment)

\_\_\_ Level II Ultrasound/Fetal Survey (Patient seen between 18-22 weeks)

\_\_\_ Limited Ultrasound

\_\_\_ Materni-T21 (only if patient meets requirements) (Performed anytime after 10weeks)

\_\_\_ Nuchal Translucency Testing (Patient seen between 11.3 weeks - 13.6 weeks)

\_\_\_ Genetic Amniocentesis (Patient seen after 15 weeks)

\_\_\_ CVS (Patient seen between 10.5 weeks and 12 weeks) (Performed at OP office ONLY)

\_\_\_ Fetal Echocardiogram (Patient seen after 21 weeks)

\_\_\_ Fetal Lung Maturity Amniocentesis (Performed at OP office ONLY)

\_\_\_ Biophysical Profile

\_\_\_ Trans Vaginal Ultrasound/Cervical Length Measurements

\_\_\_ External Breech Version

\_\_\_ Other Testing: \_\_\_\_\_

**Physician Ordering:** \_\_\_\_\_ **Office Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please fax all records including copy of the patient's insurance card at the time of appointment request.**

**Thank You.**