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Call Monday – Friday, 8:30 AM – 4:30 PM to shedule appointments.

PATIENT NAME _____ DATE _____

DIAGNOSIS/INDICATION _____

APPOINTMENT DAY _____ DATE _____ TIME _____

REFERRING PHYSICIAN SIGNATURE _____

Please check desired services (check all that apply):

- Obstetrical Ultrasound
 - w/ transvaginal U/S if indicated
 - w/ perinatal consultation if abnormalities noted
- Biophysical Profile
- Genetic Counselling
- Perinatal Consultation
- Amniocentesis (if indicated)
- Transfer for complete OB care

Patient Instructions

- Due to space limitations, please limit guests to 2 per patient.
- Children under 10 should be accompanied by another adult.
- Bring this form or a prescription signed by your physician authorizing the requested test(s); picture ID; insurance card; and, if required, insurance referral forms.
- Please arrive 15 minutes early for check-in and completion of any additional paperwork.
- Please wear a loose-fitting, two-piece outfit.
- Please drink 16 ounces of water about 1 hour prior to your scheduled appointment.
- CANCELLATION: IF YOU ARRIVE MORE THAN 15 MINUTES LATE, YOUR APPOINTMENT MAY BE DELAYED OR RESCHEDULED. If you need to cancel, reschedule, or anticipate being late, please call 327-3924 as soon as possible so that we can accommodate you.

Thank you for choosing Rocky Mountain Perinatal Associates!