Nathan Drever, M.D.
Maternal and Fetal Medicine
Obstetrics / Gynecology

DIAGNOSTIC CLINIC of Longview

707 HOLLYBROOK DR., STE. 503
LONGVIEW, TEXAS 75605
PHONE (903) 291-6072
FAX (903) 291-6073

Patient Name: _____ **DOB:** _____ **SS#:** _____

Phone: _____ **Cell:** _____ **Email:** _____

Address: _____ **City:** _____ **State/ZIP:** _____

Gravida/Para: _____ **LMP:** _____ **EDD:** _____

Prenatal Check List (Please include the following when faxing prenatal records):

☐ Blood Work or Genetic Testing ☐ Quad Screen MSAFP ☐ Panorama ☐ Penta ☐ CBC

☐ Maternal Serum Screen ☐ Maternal T21 Integrated Screen ☐ Other: _____

☐ Ultrasound Reports ☐ Prenatal Records ☐ Previous Delivery History

Primary Insurance: (Please send a copy of front and back of card)

Policy Holder: _____ Relationship: ☐ Self ☐ Spouse ☐ Child

Subscriber / ID#: _____ Group #: _____ DOB of Insured: _____

Name of Insurance Company: _____

Service Requested:

☐ Amniocentesis ☐ Anatomy Scan ☐ Genetic Counseling ☐ BPP ☐ Growth Check

☐ Cervical Length ☐ Diabetic Education ☐ Level II Ultrasound ☐ Fetal Echocardiogram

☐ First Trimester Screening (10 weeks 3 days – 13 weeks 6 days)

Indications:

☐ Abnormal Quad Screen** ☐ Habitual Aborter ☐ Diabetes ☐ Maternal Thyroid Disease

☐ Advanced Maternal Age ☐ History of Birth Defects** ☐ Medication/Drug Exposure**

☐ Bilateral Hydronephrosis ☐ IUGR ☐ Fetal Abnormality** ☐ Choroid Plexus Cyst

☐ Late Prenatal Care ☐ Echogenic Bowel ☐ Other: _____

** Please Describe: _____

Referring Physician: _____ **Office Contact:** _____

Office Number: _____ **Fax:** _____