



## PRENATAL TESTING ORDER SHEET

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DX: AMA, 1<sup>ST</sup> V23.81      AMA, OTHER V23.82  
SCREENING V28.8      ABNL SCREENING 655.93 \_\_\_\_\_

FIRST SCREEN \_\_\_\_\_

INTEGRATED SCREEN \_\_\_\_\_

NUCHAL TRANSLUCENCY \_\_\_\_\_

LEVEL II ULTRASOUND \_\_\_\_\_

GROWTH ULTRASOUND \_\_\_\_\_

PERINATOLOGY CONSULT \_\_\_\_\_

AMNIOCENTESIS \_\_\_\_\_

CVS \_\_\_\_\_

GENETIC COUNSELING \_\_\_\_\_

OTHER \_\_\_\_\_

PLEASE CALL THE PRENATAL TESTING CENTER AT **215 345-2423** TO SCHEDULE THESE APPOINTMENTS. PLEASE CALL AT YOUR **EARLIEST** CONVENIENCE, AS THESE TESTS NEED TO BE DONE AT A SPECIFIC GESTATIONAL AGE.

DR. DINESEN, Dr. Ware, Kamela King