



PRENATAL TESTING ORDER SHEET

NAME: _____ DATE: _____

DX: AMA, 1ST 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