

Peek-A-Boo Baby RGV

5425 N McColl Rd, Suite B | McAllen, TX 78504
956-467-7293 | Fax: 956-427-5858 | ashley@peekaboobabyrgv.com

Fax or email completed form to the studio

Ultrasound Referral / Order Form

Office use – Rec'd: _____ Init: ___

1 PATIENT INFORMATION

Patient name (last, first)	Date of birth	Phone	Payment
			☐ Self-pay

LMP (first day of last menstrual period)	EDD	Gestational age	Gravida / Para
		_____ wks _____ days	G _____ P _____

2 REFERRING / ORDERING PROVIDER

Provider name	Credentials	License #	NPI
	☐ CNM ☐ LM ☐ MD ☐ DO Other: _____		

Practice / clinic name	Phone	Fax	Contact person

Secure email for results	Supervising / delegating physician & phone (if applicable)

3 EXAM REQUESTED (CHECK ALL THAT APPLY)

☐ Dating / viability ☐ Anatomy scan (18–22 wks) ☐ Growth / biophysical profile (BPP)

☐ Amniotic fluid (AFI) ☐ Cervical length ☐ Placental location

☐ Fetal position / presentation ☐ MFM consult scan ☐ Other: _____

Number of fetuses: ☐ Singleton ☐ Multiple Prior ultrasound(s) / relevant results: _____

4 CLINICAL INDICATION / DIAGNOSIS

Reason for exam / clinical indication (required)	ICD-10 code(s) (required)

5 PRIORITY & REPORT DELIVERY

Urgency	Requested date / window
☐ Routine ☐ Urgent – call results to: _____	

Send report via	Interpreting physician
☐ Fax ☐ Secure email ☐ Provider portal ☐ Copy to patient	

6 ORDERING PROVIDER ATTESTATION & SIGNATURE

I attest that I have evaluated this patient, that the examination requested above is medically necessary, and that ordering it is within my licensed scope of practice (including any physician delegation or consultation my license requires). The information provided is accurate.

Ordering provider signature	Printed name & credentials	Date	Time

Please note: Elective 3D/4D/5D keepsake (entertainment) sessions do not require a provider order. They are not diagnostic exams and do not replace prenatal care or medical ultrasounds ordered by your provider. Diagnostic and MFM exams are performed only with a signed order.

CONFIDENTIAL: This form contains protected health information (PHI) protected under HIPAA (45 CFR Parts 160 & 164) and Texas law. If you received it in error, notify Peek-A-Boo Baby RGV at 956-467-7293 immediately and destroy all copies. Do not re-disclose without authorization.