Laura Greer, MD
Brian Rinehart, MD

MFMC
Maternal Fetal Medicine Consultants of Dallas

8160 Walnut Hill Lane Ste 324
Dallas, TX 75231
214-377-7252 (P)
1-888-761-4153 (F)

REFERRAL FOR PRECONCEPTION CONSULTATION

Requesting Doctor's office: _____ Today's Date: _____

Reason for Consultation: _____

If referral for clearance for IVF, please specify medical concerns that need to be addressed with the patient's counseling:

_____

_____

_____

_____

Patient's Primary OB/GYN: _____

Patient's Name: _____ Date of Birth: _____

Contact Number: _____

Records being sent for review prior to consult (please mark all that apply):

- ☐ Genetic Testing Results
- ☐ Cardiovascular Evaluation
- ☐ Infectious Disease Studies
- ☐ Imaging Studies
- ☐ Prior OB Records

Appointment Date: _____ Time: _____

Scheduled by: _____ on Date: _____