



Sequential Screen Testing

Chart # _____

I have received information regarding genetic screening testing. I am aware there is a genetic screening test available in the first trimester called the sequential screen and this test has strict guidelines in regard to the gestational age of the fetus and the ability to do the test (must be between 10 weeks 6 days and 13 weeks 6 days). I am aware that I must call OB-GYN, P.C. and inform them that I want to have the sequential screen test scheduled.

Today, _____, I am approximately _____ weeks. I must call the office by _____ to get the first portion of the sequential screening scheduled. I am aware I am responsible for contacting my insurance company to verify my coverage of the sequential screen.

- I decline sequential screen testing at this time.

Patient Name

Date of Birth

Patient Signature

Date

Witness