

Holistic Ob/Gyn, LLC

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The following is what is offered for prenatal care:

First Trimester:

Ultrasound for dates if your LMP is unknown or questionable
Prenatal labs and urinalysis
Pap and cultures

12 weeks _____

Nuchal Translucency for Down Syndrome, blood work (1st part) and ultrasound,
Dr. Haddad office

12 weeks _____

Claritest or Materna 21 for down syndrome and sex of fetus

Second Trimester:

16 weeks

testing for down syndrome and open tube defects, blood work (2nd part)

20 weeks

anatomy scan, ultrasound, Dr. Haddad's Office _____

26-28 weeks

screening for diabetes, anemia, and urinary tract infections

Third Trimester:

36 weeks

blood test to check for HIV and Syphilis
vaginal exam, checks for chlamydia, gonorrhea and group beta strep

40+weeks

Nonstress testing, check for heart rate reactivity
ultrasound for a biophysical profile

41+weeks

Nonstress testing, check for heart rate reactivity
ultrasound for a biophysical profile

42 weeks

Discuss delivering options/ Induction

FURTHER TESTING, REFERRALS OR TREATMENT IF ANY POSITIVES ARISE: _____

I am aware that the following is offered at the facility and I have exercised my right to defer any further testing at this time. I have initialed the ones I deferred above.

Patient: _____

The following services have been discussed with patient and importance of each; testing has been refused by the patient.

Provider: _____