Sylvia K. Velarde, M.D.

TopLine MD Alliance

AFP-PLUS

AFP-Plus is maternal serum (blood) screen for birth defects. The AFP-Plus testing incorporates the features of AFP screening but detects three times as many cases of Down Syndrome as AFP testing alone.

AFP-Plus is a combination of three maternal serum (blood) testing; alpha fetoprotein (AFP), unconjugated estriol (uEST), and human chorionic gonadotrophin (HCG). The AFP-Plus screening procedure is based on studies showing that pregnancies affected with Down Syndrome have lower serum levels of AFP and (uEST) and higher levels of HCG than women with unaffected pregnancies.

AFP-Plus testing detects approximately 85% of open neural tube deects and approximately 60-70% of Down Syndrome pregnancies. AFP-Plus does not reliably screen for other chromosomal abnormalities.

AFP-Plus is a screening test. A normal result does NOT guarantee a normal baby. Should the AFP-Plus results be abnormal, additional diagnostic test or procedure may be recommended.

I have the above and understand that benefits of AFP-Plus screening.

I request the following testing:

☐ AFP-PLUS (82105)

☐ I declined any testing

_____ _____

Patient Signature Date

_____ _____

Witness Date

Sylvia K. Velarde, M.D.
TopLine MD Alliance

CONSENT TO CARRIER TESTING CYSTIC FIBROSIS

Cystic Fibrosis (CF) is an inherited disease that affects more than 25,000 American children and young adults. Symptoms of CF vary but include lung congestion, pneumonia, diarrhea, and poor growth. Most people with CF have sever medical problems and some die at a young age. Others experience few symptoms and may be unaware of having CF. There is no cure for CF at this time and it does not affect the learning process in children. Many people with CF have died at a very young age in the past. As a result of scientific advantages these days many with the disease are living into their 20's and 30's.

WHAT ARE THE CHANCES OF MY BABY HAVINGCYSTIC FIBROSIS?

You can have a child with CF even if there is no family history. Carrier frequency in the U.S is 1 in 30 on average and varies by ethnicity. CF testing can help determine if you are a carrier and at risk to have two altered genes. Most people have two normal copies of the CF gene.

You should be certain you understand the following:

- The purpose of these tests is to determine whether I am a carrier of one of the common genetic abnormalities that cause CF.
- The tests do not detect all carriers of the disease.
- The laboratory needs accurate information about my family history for the most accurate interpretation of the test results.
- The decision to have the carrier testing is completely mine.
- No other test will be performed or reported on my sample unless authorized by my doctor. Any unused portion of my original sample will be destroyed within two months of receipt of the sample by the laboratory.
- The laboratory will disclose the results ONLY to my doctor, or to his/her agent, unless otherwise authorized by me or required by law.

☐ I want CF carrier testing (81220) ☐ I do not want CF carrier testing

_____ _____

Patient Signature Date

_____ _____

Witness Date

Sylvia K. Velarde, M.D.

TopLine MD Alliance

CIRCUMCISIONS

Most circumcisions are performed prior to you being discharged from the hospital, provided there are no medical problems and the clearance from the pediatrician is obtained. Due to unpaid or open claims in the past we require all patients to add the newborn to active insurance policy prior to procedure being performed and once completed inform the office of policy information.

All patients are required to make financial arrangements with our office prior to delivery. We do require full payment be made a month prior to delivery due date. The price for the circumcision is ***$500.00*** and must be paid in full prior to scheduling circumcision procedure no exceptions will be made. For all private/commercial insurance policies we will submit the claim and once paid by the insurance all payments collected will be reimbursed to the patient.

Thank You for your attention in this matter.

_____ _____

Patient Name Witness

_____ _____

Signature Date

Sylvia K. Velarde, M.D.

TopLine MD Alliance

CONSENT CARRIER TESTING FRAGILE X SYNDROME

The most common inherited cause of mental retardation is Fragile X Syndrome. Symptoms involve developmental delay, mental retardation, autism and hyperactivity. Women who are carrier are at risk to have a child with mental retardation. Fragile X Syndrome affects primarily boys and approximately 1 in 260 women. It can also occur in all ethnicities.

INHERITANCE

If the mother is a carrier, there is a 50% chance the child will have Fragile X Syndrome.

CONSENT

If I am a carrier, prenatal testing is available to find out whether or not the baby has inherited the abnormal Fragile X gene.

REFERRAL

We will arrange a consult with a Perinatologist for genetic counseling and additional testing if needed based on your results.

You should be certain you understand the following:

- The purpose of these tests is to determine whether I am a carrier of the one of the common genetic abnormalities that cause Fragile X syndrome.
- The tests do not detect all carriers of the disease.
- The laboratory needs accurate information about mt family history for the most accurate interpretation of the test results.
- The decision to have the carrier testing is completely mine.
- No other test will be performed or reported on my sample unless authorized by my doctor. Any unused portion of my original sample will be destroyed within two months of receipt of the sample by the laboratory.
- The laboratory will disclose the results ONLY to my doctor, or to his/her agent, unless otherwise authorized by me required by law.

☐ I want Fragile X Carrier testing (81243,81244) ☐ I do not want Fragile X carrier testing

_____ _____

Patient Signature Date

_____ _____

Witness Date

Sylvia K. Velarde, M.D.

TopLine MD Alliance

CONSENT CARRIER TESTING SPINAL MUSCULAR ATROPHY

Spinal Muscular Atrophy (SMA) is the most common inherited cause of early childhood death. It affects 1 in 35 to 1 in 117 people in the U.S and varies by ethnicity. SMA destroys nerve cells that affects voluntary movement. Infants with SMA have problems breathing, swallowing, controlling head or neck movements, crawling and walking. The most common from affects infants in the first month of life and can cause death between 2-4 years of age. Less commonly the condition later and people can survive into adulthood. SMA does not affect the learning process and there is no cure or treatment.

INHERITANCE

If the test shows you are a carrier of SMA, the next step is for your partner to have carrier testing performed. Both parents must carriers for the baby to be at risk for SMA. If your partner has a negative test result and no family history of SMA the chance of your baby having SMA is less than 1%. If both parents are carriers, there is 25% or a chance of 1 in 4 to have a child with SMA.

REFERRAL

We will arrange a consult with a Perinatologist for genetic counseling and additional testing if needed based on your results.

You should be certain you understand the following:

- The purpose of these tests is to determine whether I am a carrier of one of the common genetic abnormalities that cause SMA.
- The tests do not detect all carriers of the disease.
- The laboratory needs accurate information about my family history for the most accurate interpretation of the test results.
- The decision to have the carrier testing is completely mine.
- No other test will be performed or reported on my sample unless authorized by my doctor. Any unused portion of my original sample will be destroyed within two months of receipt of the sample by the laboratory.
- The laboratory will disclose the results ONLY to my doctor, or to his/her agent, unless otherwise authorized by me or required by law.

☐ I want SMA carrier testing (81401,81479)

☐ I do not want SMA Carrier testing

_____ _____

Patient Signature Date

_____ _____

Witness Date

Sylvia K. Velarde, M.D.

TopLine MD Alliance

INFORMED CONSENT OF MY PHYSICIAN PARTICIP ATION IN THE FLORIDA BIRTH RELATED NEUROLOGICAL INJURY COMPENSATION ASSOCIATION (NICA)

I hereby acknowledge that:

1. I have been advised that Sylvia Velarde, LLC is participating in the NICA plan;
2. I have been furnished with copy of the NICA brochure which describes the NICA plan and my rights and limitations under the NICA plan;
3. I understand that the no-fault aspects of the NICA plain will serve as exclusive remedy for injury which qualifies under the NICA plan and that as a result, I am forfeiting any and all rights to bring legal action in a Court of La for damage in connection with such injuries;
4. Any questions I may have had regarding my physician's participation in the NICA plan and my rights and limitations under the NICA plan have been answered to my satisfaction;
5. I herby consent to obstetrical service having been given notice pursuant to Florida Statute 766.316 by my physician of the applicability of the NICA upon such obstetrical services.

Date this _____ day of _____, 20_____

Patient's Name (Please Print): _____

Patient's Signature: _____

Witness Name (Please Print): _____

Witness Signature: _____

Sylvia K. Velarde, M.D.

TopLine MD Alliance

OB CARE & DELIVERY COVERED SERVICE

ACKNOWLEDGEMENT

Your OB includes the following: ***Congratulation***

During your pregnancy you will be followed by Dr. Sylvia K Velarde, MD. LLC, she will be monitoring you and your baby regularly. Your visits will occur in our office as indicated below.

- From week 1 thru week 28, you will be seen every 4 weeks.
- From week 28 thru week 36, you will be seen every 2 weeks.
- From week 36 thru delivery, you will be seen weekly.

If you failed to follow the suggested OB visits schedule, Dr. Velarde may choose to terminate your OB Care.

Please do not hesitate to ask any questions or voice any concerns.

_____ _____

Patient Name Witness

_____ _____

Signature Date

Sylvia K. Velarde, M.D.
TopLine MD Alliance

OBSTETRIC MEDICATION LIST

Upper Respiratory Cold/Pain

- No Advil/Motrin/Aleve/NSAIDS/Aspirin
- No Nyquil
- Tylenol 1-2 tablets every 4-6 hours as needed
- Saline Nasal Sprays (congestion) Brand: Ocean Air
- Actifed 1 Tablet every 4-6 hours as needed
- Robitussin DM 2 Teaspoons every 4-6 hours (cough/sore throat)
- Gargle with warm salt water
- Lozenges (cough/sore throat)
- Vicks or Menthol ointments
- Vaporizers, hot showers, and humidification (Congestion)

Morning Sickness

- Vitamin B6 50mg twice a day
- Acupressure point wristbands
- Ginger Ale
- Ginger or peppermint tea
- Papaya chewable tablets
- Dry Crackers
- Emetrol (over the counter)

Constipation

- Miralax
- 8-10 glasses of water a day
- Fruits and Vegetable
- Bran
- Warm fluid, prune juice, and Metamucil 1 teaspoon in 8oz of liquid for 2-3 days

Sylvia K. Velarde, M.D.
TopLine MD Alliance

Hemorrhoids

- Tucks witch hazel
- Metamucil
- Bran
- Per-Colace stool softener
- Anusol

Heartburn

- Maalox
- Turns
- Mylanta
- Pepcid AC
- Rooibos Tea

Diarrhea

- Immodium
- Lomotil
- Kaopectate

Allergies

- Claritin
- Zyrtec

Yeast Infection

- Monistat 7 (over the counter)

If you have any questions regarding any medication, please feel free to contact the office at 954-251-3186.