

**Maternal Fetal Center / Prenatal Diagnostic Center**

Physician Referral Order

Office (559) 353-6700

Fax (559) 353-6710

**DEMOGRAPHIC**

Name (Last / First / MI): \_\_\_\_\_ Maiden Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Interpreter Needed? Yes / No Language: \_\_\_\_\_

**CLINICAL INFORMATION****Important! Please include the following records from the patient's current pregnancy. Review of these records allows us to provide the most accurate interpretation of the ultrasound and provide medical advice most appropriate for the patient's pregnancy issues.**

• Prenatal Records • Prenatal labs • OB ultrasounds • AFP results • Medical records pertinent to medical condition

EDD: \_\_\_\_\_ LMP: \_\_\_\_\_ US on \_\_\_\_\_ at \_\_\_\_\_ weeks \_\_\_\_\_ days

- Indication / Diagnosis:**
- Fetal Screening                       Fetal Anomaly                       Pre Existing Diabetes
- Gestational DM                       Pre Existing Hypertension                       IUGR                       Multiple Gestation
- Prior Poor OB Outcome( Prior preterm or stillbirth)                       Medical Hx of \_\_\_\_\_  Bleeding

Other : \_\_\_\_\_

 **CONSULTATION AND CO-MANAGEMENT AS NEEDED****Fetal Ultrasound/other Diagnostic Services: (MFM will discuss US findings):****Ultrasound:**

- First Trimester <14wks (76801)                       NT Screening @ 11-13 weeks (76813)                       Limited Exam eg AFI/ Fetal Position (76815)
- Low risk Anatomy @20wks (76805)                       Detailed Anatomy @20wks (76811)                       Cervical Length (76817)
- Fetal Growth (76816)                       Fetal biophysical profile (76819)                       Doppler: Umbilical artery(76820)
- Doppler: Middle cerebral artery(76821)                       Fetal Echocardiogram @22 weeks (76825)

**Additional Services:**

- \*CVS @11-13wks (76945): (Need blood type/RH, Antibody screen, GC, Chlamydia)                      \*Genetics will be provided prior to visit
- \*Amniocentesis @16+wks (59000): (Need blood type/RH, Antibody screen)
- NIPT (81507 or 81420)

**Provider Visit / Consultation**

- Genetic Counseling (99243 or 96040)                       Physician Consultation (99244)                       Preconception Consult:

Indication: \_\_\_\_\_

- Co-Management

**REFERRING PROVIDER**

Date: / / Referring Provider (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Address / Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

**FAX – COPY of INSURANCE TO ENSURE COVERAGE**

Insurance Info: \_\_\_\_\_

Auth # \_\_\_\_\_

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