Keck Medicine of USC

LOS ANGELES FETAL SURGERY
CORDOCENTESIS / FETAL TRANSFUSION REFERRAL FORM

Los Angeles Fetal Surgery

DATE _____/_____/_____

PATIENT NAME _____ **DOB** _____/_____/_____
(Last) (First) (Middle)

PATIENT CELL PHONE (_____) _____-_____ **EDC** _____/_____/_____ **EGA** _____ **WEIGHT** _____

INSURANCE _____ **INSURANCE ID#** _____

REFERRING MFM _____ **MFM CELL PHONE** (_____) _____-_____
(First) (Last) (Title) (Optional)

OFFICE PHONE (_____) _____-_____ **OFFICE FAX** (_____) _____-_____

OFFICE ADDRESS _____
(Street) (Suite #) (City) (State) (Zip Code)

PRIMARY OB _____ **OFFICE PHONE** (_____) _____-_____
(First) (Last) (Title)

PRIMARY INDICATION ☐ Anemia ☐ Thrombocytopenia ☐ Mosaicism ☐ Other: _____

Suspected Diagnosis: _____

ULTRASOUND **DATE** ____/____/____

PLACENTA LOCATION ☐ Anterior ☐ Posterior ☐ Fundal

FETAL WEIGHT Most recent estimated fetal weight measurement: _____ grams _____%

AMNIOTIC FLUID Maximum Vertical Pocket: _____ cm

ABNORMALITIES Structural Anomalies ☐ Yes ☐ No Comments: _____
Fetal Hydrops ☐ Yes ☐ No Comments: _____

CERVICAL LENGTH Cervical length _____ cm
Has a cerclage been performed? ☐ Yes ☐ No

MCA PSV MEASUREMENTS Please list Middle Cerebral Artery (MCA) peak systolic velocities:

Date ____/____/____ GA _____ MCA psv _____ cm/s^2
Date ____/____/____ GA _____ MCA psv _____ cm/s^2
Date ____/____/____ GA _____ MCA psv _____ cm/s^2
Date ____/____/____ GA _____ MCA psv _____ cm/s^2

OBSTETRICAL HISTORY Number of previously affected pregnancies: _____
Outcomes of previously affected pregnancies: _____
_____

GENETIC SCREENING 1st Trimester ☐ Yes ☐ No Results:_____ NT ☐ Yes ☐ No Results: _____
2nd Trimester ☐ Yes ☐ No Results:_____ NIPT ☐ Yes ☐ No Results: _____

DIAGNOSTIC TESTING CVS ☐ Yes ☐ No Date ____/____/____ Results_____
Amniocentesis ☐ Yes ☐ No Date ____/____/____ Results_____
Cordocentesis ☐ Yes ☐ No Date ____/____/____ Results_____

MEDICAL HISTORY Is the patient taking Aspirin? ☐ Yes ☐ No
Please list any pertinent maternal medical conditions_____

PLEASE FAX FORM TO: (626) 356-3379

PLEASE ATTACH:
- Patient demographic information
- Insurance information
- Prenatal records
- Recent consultation letters and ultrasounds reports

Please contact our office at (626) 356-3360 if you need help with the insurance authorization process.

Arlyn Llanes, RN and Kris Rallo, RN are available to answer questions by phone at (626) 356-3360 or by email at Arlyn.Llanes@med.usc.edu or Kristine.Rallo@med.usc.edu.