Keck Medicine of USC

LOS ANGELES FETAL SURGERY
LOWER OBSTRUCTIVE UROPATHY 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)

ULTRASOUND **Date** ____/____/____
Multiples ☐ Singleton ☐ Twins ☐ Triplets
Amniotic Fluid Volume Maximum Vertical Pocket _____ cm
Bladder Diameter _____ x _____ x _____ cm
Keyhole Sign ☐ Yes ☐ No
Urinary Ascites ☐ Yes ☐ No

	RIGHT KIDNEY	LEFT KIDNEY
Renal Pelvis	_____ mm	_____ mm
Renal Parenchyma	☐ Normal ☐ Hyperechogenic	☐ Normal ☐ Hyperechogenic
Cortical Cysts	☐ Yes ☐ No	☐ Yes ☐ No

ASSOCIATED ANOMALIES _____

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: _____

VESICOCENTESIS		VESICO #1	VESICO # 2	VESICO # 3
Date ____/____/____				
Sodium (Na)	**< 100 mEq/L**			
Chloride (Cl)	**< 90 mEq/L**			
Osmolality (Osm)	**< 210 mEq/L**			
Calcium (Ca++)	**< 8 mg/dL**			
Beta 2 Microglobulin	**< 10 mg/L**			
Protein	**< 20 mg/dL**			
Chromosome	☐ **Amniotic Fluid** ☐ **Fetal Urine**			

MEDICATION **Is the patient taking Aspirin?** ☐ Yes ☐ No

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.