



DATE ____/____/____

PATIENT NAME _____
(Last) (First) (Middle)

DOB ____/____/____

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 ____/____/____

PLACENTA LOCATION Anterior Posterior Fundal

CHORIONICITY Mono-Di Mono-Mono Other: _____

AMNIOTIC FLUID

Maximum Vertical Pocket measurement:

Acardiac: _____ cm Twin A or B

Pump twin: _____ cm Twin A or B

BIOMETRY DISCORDANCE

Abdominal circumference measurement (including skin edema):

Acardiac: _____ cm Twin A or B

Pump twin: _____ cm Twin A or B

FETAL HYDROPS

Does the pump twin exhibit: Abdominal Ascites Yes No Pleural Effusion Yes No
Scalp / Skin Edema Yes No Placentomegaly Yes No

DOPPLERS – PUMP TWIN Umbilical Artery AEDV Yes No Umbilical Vein Pulsatile Flow Yes No
Umbilical Artery REDV Yes No Ductus Venosus Reverse Flow Yes No
MCA PSV MoM _____

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

DIAGNOSTIC TESTING CVS Yes No Date ____/____/____ Result _____
Amniocentesis Yes No Date ____/____/____ Result _____

PRETERM LABOR Has this patient experienced any symptoms of preterm labor? Yes No
Have any medications for preterm labor been administered? Yes No
List: _____

AMNIORREDUCTION Has an amnioreduction been performed? Yes No
Date ____/____/____ Volume extracted _____ mL
Date ____/____/____ Volume extracted _____ mL

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

PLEASE FAX FORM TO: (213)469-6279

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

Please contact our office at (213)469-6277 if you need help with the insurance authorization process.

Arlyn Llanes, RN and Kris Rallo, RN are available to answer questions by phone at (213)469-6277 or by email at Arlyn.Llanes@med.usc.edu or Kristine.Rallo@med.usc.edu.