



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)

SUSPECTED DIAGNOSIS Location: (Circle One) Left Right Bilateral

- Congenital Pulmonary Airway Malformation (CPAM) Type: (Circle One) I II III
 Bronchopulmonary Sequestration (BPS) Pleural Effusion Other: _____

BETAMETHASONE Yes No Date #1 ____/____/____ Date #2 ____/____/____

ULTRASOUND DATE ____/____/____

PLACENTA LOCATION Anterior Posterior Fundal

AMNIOTIC FLUID VOLUME Maximum Vertical Pocket: _____ cm

OTHER FETAL ANOMALIES _____

FETAL HYDROPS Scalp / Skin Edema Yes No
 Pleural Effusion Yes No
 Pericardial Effusion Yes No
 Ascites Yes No

DOPPLER STUDIES Umbilical artery: AEDV Yes No
 REDV Yes No
 Umbilical Vein - Pulsatile Flow Yes No
 Ductus Venosus - Reverse Flow Yes No

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

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: _____

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.