



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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
 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	<input type="checkbox"/> Normal <input type="checkbox"/> Hyperechogenic	<input type="checkbox"/> Normal <input type="checkbox"/> Hyperechogenic
Cortical Cysts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ASSOCIATED ANOMALIES** \_\_\_\_\_

**GENETIC SCREENING** 1<sup>st</sup> Trimester  Yes  No Results: \_\_\_\_\_ NT  Yes  No Results: \_\_\_\_\_  
 2<sup>nd</sup> 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 <input type="checkbox"/> Amniotic Fluid <input type="checkbox"/> Fetal Urine			

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

**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](mailto:Arlyn.Llanes@med.usc.edu) or [Kristine.Rallo@med.usc.edu](mailto:Kristine.Rallo@med.usc.edu).