Keck Medicine of USC

LOS ANGELES FETAL SURGERY
MISCELLANEOUS 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)

SUSPECTED DIAGNOSIS _____

ULTRASOUND **DATE** ____/____/____

PLACENTA LOCATION ☐ Anterior ☐ Posterior ☐ Fundal

MULTIPLES ☐ Singleton ☐ Twins ☐ Triplets ☐ Other: _____

CHORIONICITY ☐ Di-Di ☐ Mono-Di ☐ Mono-Mono ☐ Other: _____

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
- Insurance information
- Prenatal records
- 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.