Keck Medicine of USC

LOS ANGELES FETAL SURGERY
IATROGENIC PPROM 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)

PRIOR INVASIVE PROCEDURES _____ Date ____/____/____

DATE OF PPROM _____/_____/_____

ANTIBIOTICS Has this patient been receiving antibiotics? ☐ Yes ☐ No Date ____/____/____
List:_____

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

EXAMINATIONS Has the patient had a digital exam? ☐ Yes ☐ No Date ____/____/____
Has the patient had a vaginal ultrasound? ☐ Yes ☐ No Date ____/____/____

MOST RECENT ULTRASOUND Date ____/____/____

PLACENTA LOCATION ☐ Anterior ☐ Posterior ☐ Fundal

FETAL WEIGHT Estimated fetal weight measurement: _____ g

AMNIOTIC FLUID Maximum vertical pocket: _____ cm

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.