

**FAX REFERRAL REQUEST • PHONE 559.320.0555 • FAX 559.256.4468**

**Brian Morgan, MD, PhD**       **Stephanie Gaw, MD, PhD**       **Emilia Basilio, MD**

Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Home or Work Number \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Insurances may require pre-authorization

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Pregnancy Dating: LMP: \_\_\_\_\_ EDD (Please note method) \_\_\_\_\_

EDD by LMP: \_\_\_\_\_ or EDD by Ultrasound \_\_\_\_\_

Date of US: \_\_\_\_\_ Fetal Size: \_\_\_\_\_ Multiple Gestation? If yes, # of fetuses: \_\_\_\_\_

**Services Requested:**  Diagnostic Studies  Consultation  Co-Manage  Assume Care  DCC Co-Manage  Diabetes Medication Management

**First Trimester:**

- Ultrasound Dating (6 - 12 weeks)
- Ultrasound Viability (6 - 12 weeks)
- Ultrasound First Trimester (12 - 13 weeks)

**Second Trimester:**

- Abnormal AFP
- Detailed Fetal Survey/Screening Exam (16-23 weeks)
- Fetal Echocardiogram
- Genetic Counseling, Ultrasound and/or AMNIO
- Rule out Fetal Demise

**Third Trimester:**

- Amniocentesis for Fetal Lung Maturity
- Anatomy Assessment
- Fetal Growth

**Other Services:**

- Evaluate for Cervical Cerclage
- Genetic Counseling
- Non-Stress Test (NST)
- Preconception Consultation
- Preterm Labor
- US Exam or other Fetal Testing as determined by Perinatologist

Reason For Referral: \_\_\_\_\_

**REQUIRED PATIENT INFORMATION • All information is needed to schedule an appointment**

Indication based on ICD-10 (*Please check boxes below*):

**Screening for Fetal Abnormality**

- O35.8XX0 Known or Suspected Fetal Abnormality
- O35.1XX0 Suspected Chromosomal Abnormality
- O35.5XX0 Suspected Damage of Fetus From Drugs/Meds

**Prenatal Diagnosis**

- O09.519 Advanced Maternal Age Primigravida (AMA)
- O09.529 Advanced Maternal Age Multigravida (AMA)

**Maternal Medical Condition**

- O99.019 Anemia, Complicating Pregnancy
- O26.619 Cholestasis
- O10.09 Essential Hypertension
- O24.919 Diabetes Mellitus
- O24.419 Gestational Diabetes
- O99.350 Seizure Disorder
- O99.280 Thyroid Dysfunction
- O24.119 Type2DM

**Pregnancy and/or Placental Complications**

- O36.5990 Size/Dates, Fetal Growth Poor
- O36.60X0 Size/ Dates, Fetal Growth Excessive
- O41.00X0 Oligohydramnios

- O44.00 Placenta Previa w/o Bleeding
- O40.9XX0 Polyhydramnios
- O48.0 Post Term
- O26.859 Spotting/Vaginal Bleeding w/ Pregnancy
- O47.9 Threatened Premature Labor
- O30.009 Twin Pregnancy

Ordering/Referring Physician (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**INTERNAL USE ONLY**

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 Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Office Notified  Patient Notified Initials \_\_\_\_\_