



Perinatology
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InspireHealth.org

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- First Available, Brian Morgan, MD, PhD, Stephanie Gaw, MD, PhD

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, Genetic Counseling, DCC Co-Manage, Diabetes Medication Management, Assume Care

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 Primagravida (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

Appointment Date: Time: Contact Person:

- Office Notified, Patient Notified, Initials