



Perinatology
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First Available Brian Morgan, MD, PhD Fatimah Fahimuddin, MD 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 (To be determined after initial consultation)

First Trimester:

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

Third Trimester:

- Amniocentesis for Fetal Lung Maturity
Anatomy Assessment
Fetal Growth

Second Trimester:

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

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

Genetic Referrals

- Carrier Screening Completed Yes No
NIPT Ordered Yes* No
(*If completed, send report with referral)

Ordering/Referring Physician (print): Signature:

Date: Contact person: Phone: Fax:

INTERNAL USE ONLY

Appointment Date: Time: Contact Person:

Office Notified Patient Notified Initials