

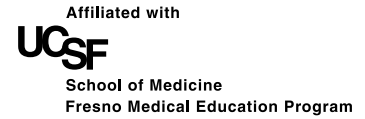
FAX REFERRAL REQUEST

University | Perinatal Associates – Clovis

726 Medical Center Drive East, Suite 223, Clovis, CA 93611

Phone: 559.472.4255 · Fax: 559.324.8786

www.UniversityMDs.com



Referrals can be made by faxing this form or calling the office.

Date: _____ Number of Pages: _____

Subhashini Ladella, M.D.

Name: _____ DOB: _____

Cell Number: _____ Home or Work Number _____

Insurance Company Name: _____

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

Ultrasound with MFM Consultation:

First Trimester:

- Ultrasound Viability (6- 12 weeks)
 Ultrasound Dating (6- 12 weeks)
 Nuchal Translucency (11 – 14 weeks)

Third Trimester:

- Anatomy Assessment
 Fetal Growth
 Amniocentesis for Fetal Lung Maturity

Second Trimester:

- Detailed Fetal Survey/Screening Exam (16-23 weeks)
 Genetic Counseling, Ultrasound and/or AMNIO
 Abnormal AFP
 Fetal Echocardiogram
 Ultrasound Viability (13 – 29 weeks)

Other Services:

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

Reason for Referral: _____

Indication based on ICD-9 (Please check boxes below):

Routine Codes for First Trimester Screening

- Z36 Nuchal Translucency (11 – 14 weeks)

Prenatal Diagnosis

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

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

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

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

Signature of Ordering/Referring Physician: _____

Printed Name: _____ Date: _____

Referring Contact: _____ Phone: _____ Fax: _____

***** INTERNAL USE ONLY *****

Appointment Date: _____ Time: _____ Medical Record #: _____