

In affiliation with UCSF Fresno

FAX REFERRAL REQUEST • PHONE 559.320.0555 • FAX 559.256.4468

Brian Morgan, 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 Assume Care DCC Co-Manage Diabetes Medication Management

First Trimester:

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

Routine Codes for First Trimester Screening

- Z36 Nuchal Translucency (11 – 14 weeks)

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

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Appointment Date: _____ Time: _____ Contact Person: _____

Office Notified Patient Notified Initials _____