



**Referral Form**

Please fax to: (323) 871-4214

**Richard M. Benoit, M.D.**  
Medical Director

**PATIENT INFORMATION:**

**Name:** Last, First, Middle

**Date of Birth:** Month / Day / Year

**Cell Phone Number:**

**Secondary (Home or Work) Number:**

**INSURANCE INFORMATION:**

Insurance Company Name

Name of Insured

Policy Number or Medi-Cal I.D. 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:** (CHECK APPROPRIATE BOX)

**Ultrasound with MFM Consultation:**

**First Trimester:**

- First Trimester Ultrasound (6-12 weeks)
- First Trimester Screening with Nuchal Translucency

**Second Trimester:**

- Detailed Fetal Survey/ Screening Exam (16 - 23 wks)
- Genetic Counseling, Ultrasound and/or AMNIO
- Abnormal AFP/ State Patients
- Fetal Echocardiogram

**Third Trimester :**

- Fetal Growth and Anatomy Assessment
- Fetal Echocardiogram
- Amniocentesis for Fetal Lung Maturity (with Ultrasound and Consultation)

**Other Services:**

- Evaluate for Cervical Cerclage
- Preconception Consultation
- Maternal Fetal Medicine Consultation
- Genetic Counseling

**Hospital/ Inpatient Services:**

- MFM Consultation with Ultrasound
- Patient Location:

**REFERRING PHYSICIAN/PROVIDER:**

\_\_\_\_\_

**INDICATIONS FOR REFERRAL/DIAGNOSIS**

**Reason for Referral:**

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

**Routine Codes for 1<sup>st</sup> Tri Screening:**

- 655.13:** Chromosomal Abnormality
- V28.89:** Other Specified Antenatal Screening

**Screening for Fetal Abnormality:**

- 655.83:** Known or Suspected Fetal Abnormality
- 655.93:** Unspecified

**Size/Dates Discrepancy:**

- 656.53:** Poor Fetal Growth IUGR
- 656.63:** Excessive Fetal Growth

**Prenatal Diagnosis:**

- 659.53:** Advanced Maternal Age (Primagravida) (AMA)
- 796.5:** Abnormal Maternal Serum Screen

**Maternal Medical Condition:**

- 642.03:** Essential Hypertension
- 648.03:** Diabetes Mellitus
- 648.13:** Thyroid Dysfunction

**Pregnancy and/or Placental Complications:**

- 641.03:** Placenta Previa w/o Bleeding
- 641.23:** Premature Separation, Placenta, Antepartum
- 644.03:** Threatened Premature Labor
- 651.03:** Twin Pregnancy
- 656.73:** Other Placental Conditions
- 657.03:** Polyhydramnios
- 658.03:** Oligohydramnios

**Other:**

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE ON BEHALF OF PHYSICIAN/NURSE PRACTITIONER**

Print Name

Date