



Women's Specialty Care, LLC

Optimizing Pregnancy Outcomes

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Maternal Fetal Medicine Consult & Ultrasound Referral Form

*ONCE THE PATIENT IS SCHEDULED, PLEASE HELP US COMPLETE THIS REFERRAL FORM AND INCLUDE THE FOLLOWING INFORMATION:

- (1) DEMOGRAPHIC INFORMATION
- (2) LEGIBLE COPY OF INSURANCE CARD FRONT/BACK
- (3) PERTINENT MEDICAL RECORDS (blood type and AB screen)

Patient Name: (Last, First, MI) _____
 Date of Birth: _____ Age: _____ Medical Record Number: _____
 Spouse's Name: _____ Spouse's Birthdate: _____
 Patient Phone#: _____ Preferred Language: _____ Interpreter Needed: Y/N
 Number of Fetuses _____ LMP/EDD _____ Requested timeframe for appointment: _____ (days) _____ (weeks)
 Requesting Provider: _____ Phone # _____ Fax# _____

INDICATION(S) /DIAGNOSIS CODE(S)

- Screening for Malformations via US (for use with routine anatomy US)
- Suspected fetal anomaly: Describe _____
- Uterine size and dates discrepancy
- Viability
- Multiple Gestation: (check one)
 - Twin Triplet Higher order
- Placental evaluation:
 - Previa Abruption
- History of prior preterm birth
- Maternal Medical History:
 - hypertension GDM diabetes Lupus other

IS AN INSURANCE AUTHORIZATION REQUIRED?: Yes or No *(If yes, our office will attempt to obtain authorization, however the patient may need to be rescheduled if we do not get a response from the insurance company prior to the appointment)*

PERMISSION TO ORDER FURTHER TESTS AS RECOMMENDED BY MFM: Yes or No

Ultrasound Request

- Initial ultrasound
 - Repeat ultrasound (# of follow-up scans approved _____)
 - Fetal growth assessment (76816, 76820, 7621, 76919)
 - Viability (76801, 76817)
 - First trimester screen* (11-13 weeks) (76813)
 - Anatomy (76805, 76810, 76811, 76812)
 - Cervical Length (76815, 76817)
 - Fetal Echocardiogram (76825, 76827, 76820, 93325)
- Indication** _____

Genetic counseling

- AMA (>35 years or >32 years with twins)
 - Abnormal serum screening (please forward results)
 - Genetic amniocentesis**: (> 15weeks)
 - Family History _____
 - Fetal anomaly _____
 - NIPS/cfDNA (> 9 weeks)**
 - Review Genetic testing options**:
 - Requested at _____ weeks gestation
 - Genetic Counseling only
- Indication** _____
- Patient/provider declines genetic counseling

Antenatal Testing

- Amniotic fluid index (76815)
 - Biophysical Profile: (BPP) (79819, 76818)
- Indication** _____
- Doppler (76828, 76821, 76820)
- Indication** _____
- Non Stress Test: (NST) (59025, 76815)
- Indication** _____

Maternal Fetal Medicine Consult

- MFM consult
- Indication** _____
- Request of co-management of patient by MFM
- Indication** _____
- Preconception Consult
- Indication** _____

Referring Physician signature: _____