



Community Maternal Fetal Medicine - Subhashini Ladella, M.D.

726 Medical Center Drive East, Suite 223 Clovis, California 93611 Office: (559) 472-4255 | Fax: (559) 324-8786

Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

FAX REFERRAL REQUEST

Subhashini Ladella, M.D.

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

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)

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)

Third Trimester

- Anatomy Assessment
Fetal Growth
Amniocentesis for Fetal Lung Maturity

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)

Screening for Fetal Abnormality

- 035.8XXO Known or Suspected Fetal Abnormality
035.1XXO Suspected Chromosomal Abnormality
035.5XXO Suspected Damage of Fetus From Drugs/Meds

Prenatal Diagnosis

- 009.519 Advanced Maternal Age Primagravida (AMA)
009.529 Advanced Maternal Age Multigravida (AMA)

Maternal Medical Condition

- 099.019 Anemia, Complicating Pregnancy
026.619 Cholestasis
010.09 Essential Hypertension
024.919 Diabetes Mellitus
024.419 Gestational Diabetes
099.350 Seizure Disorder
099.280 Thyroid Dysfunction

Pregnancy and/or Placental Complications

- 036.5990 Size/Dates, Fetal Growth Pool
036.60XO Size/ Dates, Fetal Growth Excessive
041.00XO Oligohydramnios
044.00 Placenta Previa w/o Bleeding
040.9XXO Polyhydramnios
048.0 Post Term
026.859 Spotting/Vaginal Bleeding w/ Pregnancy
047.9 Threatened Premature Labor
030.009 Twin Pregnancy

Signature of Ordering/Referring Physician: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

INTERNAL USE ONLY

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Medical Record #: \_\_\_\_\_