

TODAY'S DATE: _____



Lucile Packard
Children's Hospital
Stanford

Perinatal Diagnostic Center Ultrasound & Genetic Counseling Order Form

Patient Label

- PDC Palo Alto Scheduling: (650) 725-7030 Front Desk: (650) 725-7030 Fax: (650) 725-9877
- PDC Redwood Scheduling: (650) 725-7030 Front Desk: (650) 381-3480 Fax: (650) 381-3488
- PDC Fremont Scheduling: (650) 725-7030 Front Desk: (510) 713-9994 Fax: (510) 713-9997
- PDC Santa Cruz Scheduling: (831) 464-9994 Front Desk: (831) 464-9994 Fax: (831) 464-9996
- PDC Salinas Scheduling: (831) 759-3265 Front Desk: (831)-759-3265 Fax: (831) 753-5197

PATIENT INFORMATION

WHEN FAXING PLEASE INCLUDE THE FOLLOWING:

- THIS FORM PRENATAL RECORDS INSURANCE INFORMATION/ FACE-SHEET

Patient's (legal) first name: _____

Pregnancy Information

Patient's (legal) last name: _____

DOB: ____/____/____

IVF: YES NO

EDD: _____ LMP: _____

Patient Contact Phone Number:

Please provide us with the state

Cellular Phone: (_ _ _) _ _ _ - _ _ _ _

F/PNS#: _____

Home Phone : (_ _ _) _ _ _ - _ _ _ _

Blood Draw same day as Nuchal Translucency?

Yes No

Patient's Preferred Language: _____

Genetic Counseling Information

Interpreter Needed: Yes No

Blood Type: _____

Please provide a copy of Insurance Card
(both sides)

Antibody Screen: _____

Insurance Carrier: _____

- HMO PPO EPO POS

MCV: _____

Auth# : _____

Date Drawn: _____

Insurance ID#: _____

Other Comments: _____

REPEAT ULTRASOUND(S) AS CLINICALLY INDICATED & RECOMMENDED BY PERINATOLOGIST

ULTRASOUNDS

&

PROCEDURES

ANTEPARTUM TESTING

CONSULTS

- OB Ultrasound/Anatomy Scan
- Growth Scan
- Limited Scan
 - Hydrops check
 - TTTS check
 - Cervical Length
- Middle Cerebral Artery Doppler/US
Frequency: Once Weekly Twice weekly
- Until Delivery
- Umbilical Artery Doppler/ Ultrasound
Frequency: Once Weekly Twice weekly
- Until Delivery

- Amniocentesis/OB Ultrasound with Genetic Counseling
- Fetal MRI/Consultation/Ultrasound with Genetic Counseling if applicable
- Chorionic Villus Sampling/ 1st Trimester Ultrasound with Genetic Counseling
- Nuchal Translucency Ultrasound with Genetic Counseling
- Nuchal Translucency without Genetic Counseling
- MFPR Consultation/US/Procedure (Only at LPCH PDC in Palo Alto)

- (NST/AFI only done in Palo Alto)
- AFI (only)
 - NST (only)
 - NST/AFI (Non Stress Test/Amniotic Fluid Test)
 - Frequency: Once Weekly Twice weekly
 - Until Delivery
 - UAD (Umbilical Artery Doppler)
Frequency: Once Weekly
 - Until Delivery

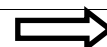
- MFM Consult
- Genetic Counseling only

REPEAT ULTRASOUND(S) AS CLINICALLY INDICATED & RECOMMENDED BY PERINATOLOGIST

REFERRING PROVIDER SIGNATURE (REQUIRED)

FORM COMPLETED BY AND OFFICE CONTACT

DATE



Perinatal Diagnostic Center Ultrasound & Genetic Counseling Order Form

Patient Label

<input type="checkbox"/> PDC Palo Alto	<input type="checkbox"/> PDC Redwood	<input type="checkbox"/> PDC Fremont	<input type="checkbox"/> PDC Santa Cruz	<input type="checkbox"/> PDC Salinas
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INDICATIONS (REQUIRED) CHECK OFF ALL THAT APPLY

ALL CHECK BOXES ARE (REQUIRED) PLEASE CHECK OFF ONE OF THE FOLLOWING FOR THIS PREGNANCY:

1ST TRIMESTER
 2ND TRIMESTER
 3RD TRIMESTER
 SINGLETON
 TWINS
 TRIPLETS
 OTHER _____

Indications

- Antenatal Screening
 - Nuchal Translucency (Z36)
 - Screening for malformations (Z36)
 - Anatomy survey (Z36)
 - Aneuploidy screen (Z36)
 - Positive PNS (Z36)
- Advanced Maternal Age
 - Primigravida (O09. 51 _)
 - Multigravida (O09. 52 _)
- Assisted Reproductive Therapy, pregnancy history of infertility (O09.01)
- Isoimmunization from unspecified blood-group incompatibility, affecting mngt of mother, antepartum (O36. 01 _)
- Cervical incompetence (O34. 3 _)
- Decreased fetal movements (O36. 81 _ 0)
- Maternal Infection, other infectious/parasitic disease (O98.810)
- Maternal pelvic mass/cyst tumors of body of uterus (O34.1 _)
- Other diseases of the blood/antiphospholipid syndrome/ thrombophilias (O99.11 _)
- Other abnormalities in gravid uterus , uterine anomaly (O34.52 _)
- Other _____
- Other premature separation of placenta (O45.8 _)
- Previous history
 - Pre-term labor (O09. 21 _)
 - Fetal demise (O09. 29 _)
 - Poor OB history (O09. 29 _)
 - Prior child with fetal anomaly (O35.2XXO)
- Premature separation of placenta, unspecified (O45. 8X _)
- Preterm labor without delivery supervision of (O60.1 _)
- Post term dates (O48.0)
- Prior child with fetal anomaly, hereditary disease in family (O35.2XXO)

Other _____

ICD10: _ _ _ _ _

Diabetes In mother complicating pregnancy

- Abnormal glucose complicating pregnancy (O99810)
 - Gestational diabetes mellitus in pregnancy, diet controlled (O24. 410)
 - Gestational diabetes in pregnancy, insulin controlled (O24. 414)
 - Gestational diabetes in pregnancy, unspecified control (O24. 419)
 - Pre-existing DM, type 1, in pregnancy (O24. 01 0)
 - Pre-existing DM, type 2, in pregnancy (O24. 11 0)
 - Pre-existing DM in pregnancy, unspecified (O24. 31 0)
 - Other _____
- ICD10: _ _ _ _ _

Hypertension

- Gestational HTN without significant proteinuria (O13. _)
 - Maternal HTN (O10. 01 _)
 - Pre-eclampsia Mild to Moderate (O14. 0 _)
 - Pre-eclampsia severe (O14.1 _)
 - Other _____
- ICD10: _ _ _ _ _

Known or suspected fetal abnormality, affecting management of mother

- Maternal care for other (suspected) fetal abnormality and damage, N/A or unspecified (O358XX0)
 - Poor fetal growth IUGR (O36. 51 _ 0)
 - Excessive fetal growth, large for dates (O36. 6 _X0)
 - Suspected fetal anomaly (O35.8XX0)
 - Oligohydramnios (O410. _X0)
 - Polyhydramnios (O40. _XX0)
 - Other _____
- ICD10: _ _ _ _ _

Multiple Gestation

- Twin pregnancy, unspecified number of placenta and unspecified number of amniotic sacs (O30. 00 _)
 - Triplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs (O30. 10 _)
 - Quadruplet pregnancy, unspecified number of placenta and unspecified number of amniotic sacs (O30. 20 _)
 - Other specified multiple gestation, antepartum condition or complication (O30. 80 _)
 - Other _____
- ICD10: _ _ _ _ _