

- San Francisco:** 1825 Fourth St., Floor 3B | San Francisco, CA 94158
- Berkeley Outpatient Center:** 3100 San Pablo Ave. | Berkeley, CA 94702
- Marin/Greenbrae:** 1300 S. Eliseo Dr., Suite 200 | Greenbrae, CA 93904
- Monterey:** 2 Upper Ragsdale Dr., Bldg. B, Suite B100 | Monterey, CA 93940
- San Mateo:** 1100 Park Place, Suite 100 | San Mateo, CA 94403

## UCSF Prenatal Diagnostic Center Referral Form

### REQUIRED PATIENT INFORMATION

*The following is required to be faxed: Facsheet with complete patient demographics, this form, prenatal records and a clear copy of the patient's insurance card.*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Interpreter Needed:  YES  NO If yes, language: \_\_\_\_\_  
Insurance Type:  HMO  PPO  POS  Other: \_\_\_\_\_

### REASON FOR VISIT (required)

Indication(s): \_\_\_\_\_ ICD-10: \_\_\_\_\_  
EDD/EDC: \_\_\_\_\_ or LMP: \_\_\_\_\_  Singleton  Twins  Triplets  Other: \_\_\_\_\_

### REQUESTED APPOINTMENT TYPE (consultation/follow-up may be scheduled as clinically indicated)

*Please check all that apply and include the required documents for specific visit types:*

- Nuchal Translucency Ultrasound (includes First Trimester Anatomy; all sites)**  
*If the patient had Cell-Free DNA (NIPT) Screening, please fax a copy of the results.*  
*If NIPT is pending, include D# \_\_\_\_\_*
- First Trimester Detailed Anatomy (Mission Bay Specialty Clinic for High-Risk Patients)**  
**Required:** All relevant obstetric ultrasounds, genetic testing results and history reports.
- Second Trimester/Level II Anatomy Ultrasound**  
*Please fax a copy of patient's CA Second Trimester (AFP) Screening and Cell-Free DNA (NIPT) test results prior to the patient's visit.*  
*If CA Second Trimester (AFP) screening is pending, include S# \_\_\_\_\_*
- CVS (Chorionic Villus Sampling)**  
**Required:** Hard copy of lab work, including MCV, blood type and antibody screen.  
*If the patient had Cell-Free DNA (NIPT) Screening, please fax a copy of the results.*
- Amniocentesis**  
**Required:** Hard copy of lab work, including MCV, blood type and antibody screen.  
*If the patient had Cell-Free DNA (NIPT) Screening, please fax a copy of the results.*
- Positive PNS (CA Prenatal Screening Program)**  
**Required:** Hard copy of lab work, including MCV, blood type, antibody screen, prenatal records and other screening results (AFP, NIPT, Carrier Screen).
- Genetic Counseling**  
**Prior to visit, send:** Prenatal records, screening results (AFP, NIPT, Carrier Screen) and other relevant genetic testing results.
- Fetal Echo** (supported by fetal cardiovascular program)  
**Required:** Please complete and fax separate referral form: [ucsfbenioffchildrens.org/fetalechorequest](http://ucsfbenioffchildrens.org/fetalechorequest)
- Second Opinion Scan or Concern for Anomaly**  
**Required:** All relevant obstetric ultrasounds, genetic testing results and history reports.
- MFM Consultation**  
**Required:** All relevant obstetric ultrasounds, genetic testing results, prenatal records and history reports.  
Consult question requested: \_\_\_\_\_
- Maternal Genetics Consultation (Specialty Clinic for Patients with Genetic Conditions)**  
**Required:** All relevant obstetric ultrasounds, genetic testing results and history reports.
- Other:**

*Please check with insurance carrier for patient coverage and benefits and provide us with a copy of the Authorization for HMO Insurances.*

### PROVIDER OFFICE INFORMATION

Referring Provider Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_