

Fetal Echocardiography Patient Referral Worksheet



Josiah Penalver, MD; Susan Powers, MD; Roberta Stephenson, MD;
Matthew Studer, MD; Donald Trippel, MD

Please fax this form and ALL patient records (prenatal records, labs, ultrasounds) to us at 425.690.9477. Please call 425.690.3477 to schedule.

Patient name: _____

DOB: _____ SSN: _____

Patient phone: _____ Alternate: _____

Patient address: _____

Referring provider: _____

Provider phone: _____ Provider fax: _____

Interpreter: No Yes - Language: _____

LMP: _____ EDD: _____

REASON FOR REFERRAL: _____

DX CODES: _____

SERVICES REQUESTED:

1. **CONSULT + ECHO**

2. **ECHO ONLY**

NO CONSULTATION WILL BE PERFORMED if not marked above

3. **CONSULT ONLY**

NO ECHO WILL BE PERFORMED if not marked above

Provider signature: _____ Date: _____

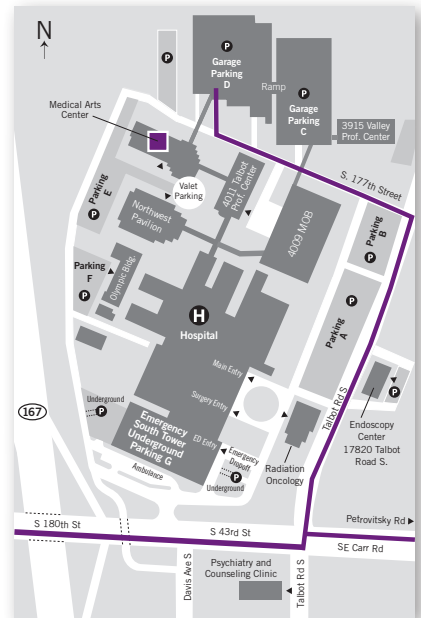
PLEASE FAX/SEND ALL PERTINENT RECORDS PRIOR TO APPOINTMENT TO AVOID DELAYS.

Note: IF REFERRAL IS DUE TO ABNORMAL FAMILY/PREGNANCY HISTORY, PLEASE ENCOURAGE PATIENT TO OBTAIN/FORWARD PERTINENT RECORDS TO OUR CLINIC.

Maternal Fetal Medicine Clinic

4033 Talbot Rd South, Suite 450, Renton WA 98055 425.690.3477

An affiliate of UW Medicine Maternal Fetal Medicine & Seattle Children's South Sound Cardiology Clinic



Directions: From S. 43rd St. or SE Carr Road, drive north on Talbot Road. Turn left at the next light (S. 177th St.) into the hospital campus. Park in Garage D. Walk through the 3rd floor skybridge into the MAC. Take the elevator up to the 4th floor. Turn right out of the elevator: MFM is at the end of the corridor.

Maternal Fetal Medicine Clinic

UW Medicine

VALLEY
MEDICAL CENTER



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION