

Fetal Echocardiography Patient Referral Worksheet



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Please fax this form and ALL patient records (prenatal records, labs, ultrasounds) to us at 425.656.4075. Please call 425.656.5520 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:

CONSULT + POTENTIAL ECHO

Provider signature: _____

Date: _____

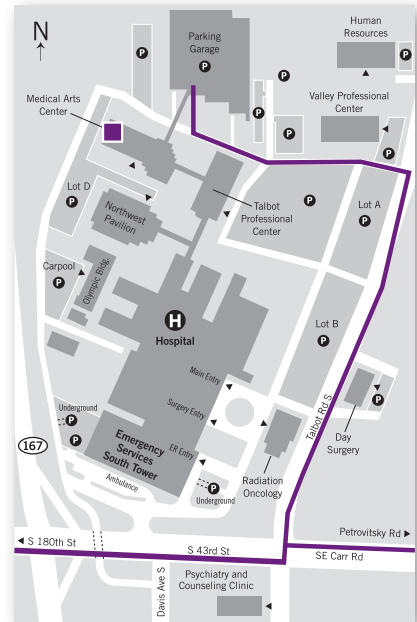
PLEASE FAX/SEND ALL PERTINENT RECORDS PRIOR TO APPOINTMENT TO AVOID DELAYS.

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

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. Take the 3rd entryway into the hospital campus and park in the north parking garage. Walk through the 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.

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