

4301 X Street, Ste 1501 Sacramento, CA 95817 (916) 794-BABY Tel fctc@ucdavis.edu Email fetalcare.ucdavis.edu

Fetal Care and Treatment Center (FCTC) Referral

Please fax this form to (916) 734-4452. Call (916) 794-BABY with any questions.

Suspected Fetal Anomaly:			
Referral Indication/Services Requ	uested:		
Patient name:		Phone number:	
Date of birth:	LMP:	EDD:	
G:	P:	Patient Weight:	
Translator needed? NoYes_	(language):		
Referring provider name:			
Office phone:		Office fax:	
Office address:			
Primary OB (if not referring provid	der):		
Services requested:			
☐ Fetal Ultrasound			
☐ Fetal ECHO/Cardiology		☐ Prenatal consult with subspeciality:	
☐ Fetal MRI			
☐ Fetal Intervention/Surgery		☐ Other:	
Please fax the following informat	ion to (916) 734-4452:	:	
Insurance information (front and back of card)		State Screening/Prenatal Screening	

- Patient Demographic Sheet
- Obstetrical records including:
 - Prenatal records with medical and pregnancy history
 - Ultrasound Reports
 - Prenatal labs

- NIPS (Harmony, MaterniT 21, Panorama)
- Amniocentesis/CVS results (karyotype/microarray)

CONFIDENTIALITY NOTICE: PROTECTED UNDER EVIDENCE CODE 1157: This FAX communication and any attachments may contain confidential and privileged information for the use of the designated recipients. If you are not the intended recipient, (or authorized designee for the recipient) you are hereby notified that you received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please destroy all copies of this communication and any attachments and contact the sender by telephone.