UCDAVIS HEALTH
Children's Hospital
Fetal Care and Treatment Center
2315 Stockton Blvd.
Sacramento, CA 95817
916-794-BABY tel fctc@ucdavis.edu email
fetalcare.ucdavis.edu

Fetal Care and Treatment Center (FCTC) Referral

Please complete, print and fax the form to **916-734-4452**. Call **916-794-BABY** with any questions.

By referring to the FCTC you will allow us to evaluate and provide comprehensive fetal evaluation as deemed necessary by the FCTC. Additional prenatal diagnostic testing may be ordered as clinically indicated.

Referral Indication/Fetal Anomaly: _____

Patient Name: _____ Phone Number: _____

DOB: _____ LMP: _____ EDD: _____

G: _____ P: _____ Current Gestational Age: _____

Translator needed? ____ No ____ Yes - language: _____

Referring physician name: _____ NPI: _____

Office phone: _____ Office fax: _____

Office Address: _____

Referral coordinator name: _____

Services requested:

- ☐ Fetal Ultrasound
- ☐ Fetal ECHO/Cardiology
- ☐ Fetal MRI
- ☐ Fetal Intervention/Surgery
- ☐ Maternal Fetal Medicine
- ☐ Prenatal Genetic Counseling
- ☐ Pediatric Surgery
- ☐ Transfer of obstetrical care
- ☐ Specialty Service: _____
- ☐ Other: _____

Please provide the following information:

- ☐ Insurance information (front and back of card)
- ☐ Patient Demographic Sheet
- ☐ Obstetrical records from current pregnancy including:
  - ☐ Prenatal record with medical and pregnancy history
  - ☐ Ultrasound Reports - 1st Trimester dating scan, Nuchal Translucency ultrasound, Anatomy scan, etc.
  - ☐ State Screening/Prenatal Screening Testing
  - ☐ NIPS (Harmony, Maternti 21, Panorama)
  - ☐ Amniocentesis/CVS results (karyotype/microarray)
  - ☐ Prenatal labs including Group Beta Strep (GBS) result, if applicable