SHARP MARY BIRCH MATERNAL-FETAL MEDICINE
Adamczak ▪ Adami ▪ Schwendemann ▪ Tith ▪ Westermann

SHARP

SHARP MARY BIRCH MATERNAL-FETAL MEDICINE CALIFORNIA PRENATAL SCREENING REFERRAL FORM (STATE SCREEN REFERRAL for cfDNA or Elevated MSAFP)
FAX FORM TO: 858-541-4841

Preferred Fetal Diagnostic Office Location:

❑ Maternal-Fetal Medicine Center
8010 Frost Street, Suite 414
San Diego, CA 92123
858-541-4800 (Office)

❑ Maternal-Fetal Medicine Center
25395 Hancock Avenue, Suite 210
Murrieta, CA 92562
858-541-4800 (Office)

❑ cfDNA positive for Trisomy 21, 18 or 13 (circle all that apply)
❑ MSAFP screen positive (> 2.5 MOM)
❑ cfDNA State Screening referral for No Call, Low Fetal Fraction

Please send a copy of ALL the patient's genetic screening results with this fax (including cfDNA, MSAFP, and carrier screening)

LAB: QUEST, NATERA, REVVITY (circle lab where test was done)

Please contact your patient with the results and then fax this form. To minimize anxiety for your patient, we will contact her upon receipt of this fax to schedule her appointment. If you would like to schedule her appointment, please call: 858-541-4800.

DATE: _____ **PREFERRED LANGUAGE:** _____

OFFICE/GROUP NAME_____
OFFICE/GROUP ADDRESS_____
OFFICE/GROUP PHONE: _____ **OFFICE/GROUP FAX:** _____

PATIENT NAME (PLEASE PRINT): _____ DOB: _____ SSN: _____
(LAST FOUR DIGITS)

PATIENT ADDRESS (PLEASE PRINT): _____

PATIENT EMAIL ADDRESS (PLEASE PRINT): _____

INSURANCE: _____TYPE: HMO / PPO IPA: _____

PATIENT ACCESSION NUMBER: _____

PT CELL #: _____ **DX:** _____

HOME #: _____ _____

WORK: _____ **EDC:** _____

BLOOD TYPE: _____ **MCV:** _____