Rady Children's Hospital San Diego

Fetal Cardiology Order/Referral

Division of Pediatric Cardiology
Fetal Cardiology Program

(858) 966-5855

Fetal Echocardiogram Order (All information must be completed to schedule appointment)**:**

Patient Information:

Last Name:_____First Name:_____DOB:_____

Contact Number: (_____)_____- _____

Indication/Diagnosis: _____

EDD: _____ Gestational Age Today:_____ Number of Fetuses: _____

Urgency ☐ Emergent ☐ 1 week ☐ 2 weeks

Ordering Physician (Printed):_____

Ordering Physician Signature:_____Date: _____

Referral Information:

Location requested:

☐ **Rady Children's San Diego**
Dr. Fraser Golding
Dr. Rachel McCandless
Dr. Eleanor Schuchardt
Dr. Heather Sun

☐ **Murrieta**
Dr. Eleanor Schuchardt

Brief Obstetrical History: _____

Genetic Testing Performed/ Results: _____

Primary OB Name: _____ Phone: _____

Perinatologist Name: _____Phone: _____

Office Contact Name: _____

Phone: (___)_____ Fax: (_____)_____

Please send completed form along with a copy of the insurance card, face sheet, last clinic note, and ultrasound By fax, Attention: Kat K., to (858) 966-5472. For any questions or to obtain additional referral forms, Please call (858) 966-1700 extension 224536 or visit www.rchsd.org/fetalcardiology

Providing fetal cardiology services in San Diego and Murrieta:
Rady Children's Hospital San Diego ◆ 7910 Frost Street, Suite 430, San Diego, CA 92123
Rady Children's Medical Plaza-Murrieta ◆ 25170 Hancock Ave, 1st Floor, Murrieta, CA 92562

www.RCHSD.org