



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: (_____) _____

Fax to (858) 966-5472, Attention: Crystal

For questions, please call (858) 966-1700,
Ext. 224536

Please send completed form along with a copy of patient’s

- Insurance card
- Demographic face sheet
- Most recent clinic note
- Ultrasound reports

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