



Fetal Cardiology Order/Referral

Division of Pediatric Cardiology
Fetal Cardiology Program
3020 Children's Way, MC 5004
San Diego, CA 92123
(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: San Diego Murrieta

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 4536 or visit www.rchsd.org/fetalcardiology

Providing fetal cardiology services in San Diego and Murrieta:
Rady Children's Hospital San Diego ♦ 3020 Children's Way, San Diego, CA 92123
Rady Children's Medical Plaza-Murrieta ♦ 25170 Hancock Ave, 1st Floor, Murrieta, CA 92562