



Aaron J Epstein MD / Bhuvan Martin MD / Inessa Dombrovsky DO / Patrick M. Mullin MD / Richard H Lee, MD

Referring Physician Intake Form

Today's Date: _____

PATIENT INFORMATION				
Last Name:		First Name:		Middle Name:
Date of Birth:		Age:		Cell Phone:
Home Address (include Apt if applicable):		City:		State: Zip Code:
Email Address (Patient Portal Invitation):			Primary Language:	
INSURANCE INFORMATION or FAX COPY OF INSURANCE CARD				
Subscriber's Name:		Subscriber's Social Security#:		Subscriber's Date of Birth:
Name of Insurance:		Policy Number:		Group Number:
REFERRING PHYSICIAN				
Referring MD:		Contact:		Contact Tel#:
Office Address:		City:		State: Zip Code:
REASON FOR REFERRAL				
Submission of this referral form authorizes for additional testing, MFM and/or genetic counseling for any abnormal findings				
Ultrasound:		<input type="checkbox"/> 1 st Trimester Nuchal Screening <input type="checkbox"/> Anatomy <input type="checkbox"/> MFM Consultation *Please indicate if any additional testing is needed other than 1 st Trimester Nuchal and Anatomy Screenings.		
Genetic Counseling: *Please forward Genetic Screening results if available		Services Requested: Blood Type: _____ MCV: _____		
LMP:	EDC:	U/S Date:	Weeks:	Final EDC:
Gravida:	Para:	SAB:	TAB:	Stillborn:
Please check: <input type="checkbox"/> State Program <input type="checkbox"/> Private	NIPT	Date Drawn:	Order#:	
	AFP	Date Drawn:	Order#:	
Other Genetic Screening	Test Name:	Date Drawn:	Order#:	

- ✓ Patient must bring Insurance Card and Picture ID
- ✓ Genetic Counseling/Consultation – Please forward genetic screening results if available

- Pasadena Fax: 626-514-0062
- Burbank Fax: 818-239-8809
- Downtown LA Fax: 213-699-0131
- Lancaster Fax: 661-499-3950

Scheduled Appointment Date: _____ Time: _____

Pasadena
50 Alessandro Place Suite 210
Pasadena CA 91105
Office: 626-514-0060
Fax: 626-514-0062

Downtown LA
1127 Wilshire Blvd Suite 1414
Los Angeles CA 90017
Office: 213-699-0130
Fax: 213-699-0131

Burbank
2625 West Alameda Ave Suite 410
Burbank CA 91505
Office: 818-239-8808
Fax: 818-239-8809

Lancaster
44215 15th Street Suite 114
Lancaster CA 93534
Office: 661-499-3949
Fax: 661-499-3950