

REFERRAL

You have been referred to Diablo Valley Perinatal Associates. We look forward to meeting you at your visit. In order to make your time with us more efficient, we encourage you to visit our web site (www.diablovalleyperinatal.com) where you will find helpful information about our practice, policies, your pregnancy, directions to our office and registration forms you will need to complete prior to your visit.

PLEASE BRING THIS REFERRAL FORM TO YOUR APPOINTMENT.

Patient Name _____ DOB ___/___/___ LMP/EDC ___/___/___

ULTRASOUND

- Early U/S - Missed or Threatened AB - r/o Ectopic
- Nuchal Translucency (*first trimester screening - between 11-14 weeks*)
- Comprehensive Anatomic Survey
- Follow-up Ultrasound (reason)
- Cervical Length
- Second Opinion for Prior Abnormal Ultrasound (*Please provide report*)
- Other, please specify _____

PERINATAL SERVICES REQUESTED

(Please check all that apply)

- Consultation
- Co-Manage
- Transfer Care
- Other, please specify _____

ANTENATAL TESTING

- NST/AFI
- Biophysical Profile (BPP)
- Amniocentesis-Lung Maturity

PRENATAL DIAGNOSIS/SCREENING/COUNSELING

- Amniocentesis
 - Chorionic Villus Sampling (CVS)
 - Genetic Counseling
 - Other, please specify _____
- Blood type _____ Antibody screen _____

If patient is having amniocentesis or CVS, we require:

Please fax all prenatal records and previous ultrasounds for any consultation with a Perinatologist.

Please provide: Blood type and Rh status for any patient undergoing an amniocentesis or CVS, reports for any previous ultrasounds done at another facility and any relevant labs and MCV for every genetic counseling appointment.

Medically indicated additional ultrasound evaluations, follow up appointments, antenatal testing and/or perinatal consultation based on ultrasound findings, obstetrical, medical or family history is/are requested. Assignment of appropriate diagnostic coding also requested when not specified.

Physician signature (*required*) _____ Date _____



DIABLO VALLEY
PERINATAL ASSOCIATES

110 Tampico Dr., Suite 100, Walnut Creek, CA 94598

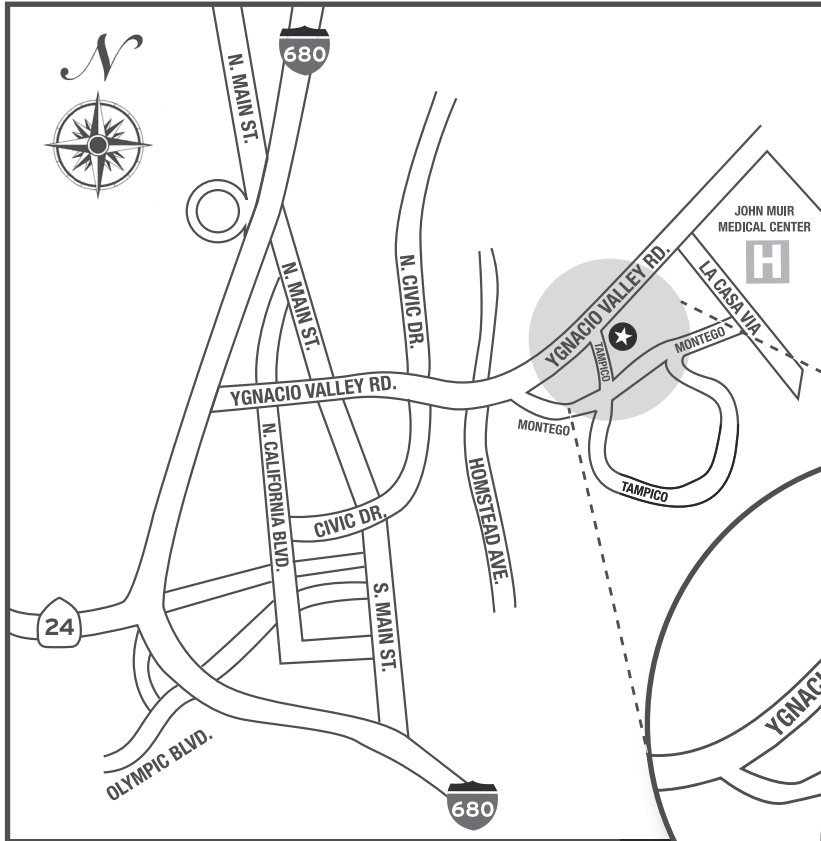
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Jeffrey Traynor, M.D., F.A.C.O.G.

Rosa Won, M.D., F.A.C.O.G.

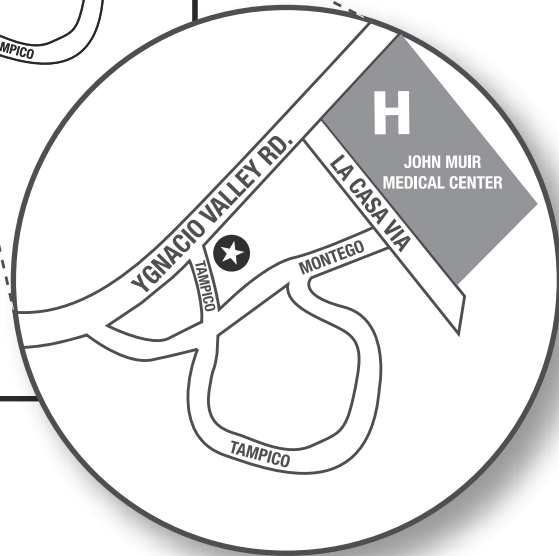
DIRECTIONS

TO DIABLO VALLEY PERINATAL ASSOCIATES



**110 TAMPICO DRIVE
SUITE 100
WALNUT CREEK, CA 94598**

FREE Parking available.



FROM THE SOUTH BAY

Follow I-680 North to Walnut Creek.
Take the Ygnacio Valley Rd exit.
Turn right onto Ygnacio Valley Rd.
Turn right onto Tampico.
Turn left into the first driveway.

FROM THE WEST

Follow CA-24 East through the Caldecott Tunnel.
Keep left, follow signs for I-680 N/Sacramento/Concord
Take Ygnacio Valley Rd exit.
Turn right onto Ygnacio Valley Rd.
Turn right onto Tampico.
Turn left into the first driveway.

FROM THE NORTH BAY

From Interstate 80, merge onto I-680 South.
Exit N. Main Street (southbound) in Walnut Creek.
Turn left onto Ygnacio Valley Rd.
Turn right onto Tampico.
Turn left into the first driveway.



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