



Consultation and Diagnostic Services Request

Phone 775-404-5000 Fax 775-404-0000
Please allow 24-48 hours for HRPC to schedule an appointment.

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Laura A. Gorski, DO Roxanna M. Twedt, MD Bradley Bosse, MD
Manijeh Kamyar, MD

Date: _____

Patient Name: _____

Date of Birth: _____

Preferred Phone: _____

Social Security #: _____

Primary Insurance: _____
Subscriber: _____
ID#: _____

Must check one box for Medical and Ultrasound Consultation:
[] Consultation and indicated diagnostic services (ultrasound, antepartum testing)
[] Diagnostic services (ultrasound, antepartum testing) and indicated consultation

Appointment Date: _____

Appointment Time: _____

New Patients please arrive 1/2 hr prior to appointment time

Preferred Language: _____

Acct #: _____ Initials of Preparer: _____

Secondary Insurance: _____
Subscriber: _____
ID#: _____

Behavioral Health Screenings Completed by Referring Provider:
Date Screen Completed:
EPDS: ___ (score =/> 10, positive for Question# 10)
PHQ-9: ___ (score >=10, =/> 1 for Question#10)
GAD-7: ___ (score > 8)
Stillbirth or Miscarriage within the past 12 months: Y or N

Reason for Referral:

LMP: _____ EDC: _____ by LMP/ sono / exam/ IVF Weeks Pregnant: _____ Pre-Conception Counseling: Y / N
(circle one)

Height: _____ Weight: _____ Singleton: _____ Twins: _____ Other: _____

Gravida: _____ Fullterm: _____ Preterm: _____ SAB: _____ Ectopic: _____ TAB: _____ Living: _____

Screenings completed by Referring Provider:

___ CONF VIAB U/S ___ FTS/NT ___ NIPT (Cell Free/MaterniT21) ___ CF ___ SMA ___ FragileX ___ Quad/Penta/MSAFP

Lab Used: ___ Quest ___ LabCorp ___ CPL Records Attached: Y / N

Referring Provider: _____ Office Phone: _____ Spoke With: _____

Please fax all patient records to 775-404-0000

✓ Reno Office
9780 S. McCarran Blvd., Ste 1
Reno, NV 89523

Visit us on the web @ www.HRPregnancy.com
775-404-5000