



Consultation and Diagnostic Services Request

Phone 702-382-3200 Fax 702-382-3575
Please allow 24-48 hours for HRPC to schedule an appointment.

Brian K. Iriye, MD Stephen M. Wold, MD Wilson H. Huang, MD
Laura A. Gorski, DO Lauren E. Giacobbe, MD Roxanna M. Twedt, MD
David N. Jackson, MD Manijeh Kamyar, MD Garrett K. Lam, MD

Date: _____

Appointment Date: _____

Patient Name: _____

Appointment Time: _____

Date of Birth: _____

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

Preferred Phone: _____

Preferred Language: _____

Social Security #: _____

Acct #: _____ Initials of Preparer: _____

Primary Insurance: _____

Subscriber: _____

ID#: _____

Secondary Insurance: _____

Subscriber: _____

ID#: _____

Must check one box:

- Consultation and indicated diagnostic services (ultrasound, antepartum testing)
Diagnostic services (ultrasound, antepartum testing) and indicated consultation

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

****For Maternal Opioid Treatment Health Education and Recovery (MOTHER) Program, fill out additional form****

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

Please fax all patient records to 702-382-3575

Pinto Lane Office
2011 Pinto Ln., Ste 200
Las Vegas, NV 89106

Siena Heights Office
2845 Siena Heights Dr., Ste 350
Henderson, NV 89052

Post Road Office
9090 W. Post Rd., Ste 100
Las Vegas, NV 89148