



**Consultation and Diagnostic Services Request**

Phone 775-404-5000 Fax 775-404-0000  
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    Garrett K. Lam, MD  
Manijeh Kamyar, MD    Roxanna M. Twedt, MD    David N. Jackson, 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: \_\_\_\_\_    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