Humboldt County Referral Form – Specialty Guidelines

REDWOOD WOMEN'S CENTER

- Please ask your patient to contact us within 5-10 business days after sending the referral, to schedule the appointment.
- Fax Referral to: 707-725-9674

• Unless urgent, eRAF must be included in the referral for patients with Partnership Health Plan.

Reason for Referral	"Required" Clinical Testing & Documentation	"Preferred" Additional Clinical
(Clinical Question)	3	Testing & Documentation
Pelvic mass/Ovarian cyst	Pelvic ultrasound, pertinent records	CA-125 if indicated
Abnormal Uterine Bleeding	Pelvic ultrasound, pertinent records	CBC if indicated
Deat was a successful blooding	Dalais alternation of a series and a series	CDC if in disease d
Post menopausal bleeding	Pelvic ultrasound, pertinent records	CBC if indicated
Pregnancy	Pertinent records, prenatal panel	OB ultrasound if far enough along
riegilalicy	Pertinent records, prenatai panei	along
Nuchal translucency	OB Ultrasound	
,		