AT THE FOREFRONT
UChicago Medicine

Request for Maternal Fetal Medicine Services

PLEASE FAX THIS FORM TO 773-926-0740

INCLUDE: PATIENT RECORDS, LAB WORK, SCREENING RESULTS, ULTRASOUND IMAGES AND HMO AUTHORIZATION

Patient Information

Patient name:____________________ DOB:____/____/____ Address:____________________

Phone:____________________ Alt. Phone:____________________ Email: ____________________

LMP:________________ EDD:________________ (dated by US or LMP) GA: ____________________

Insurance Information- ***please include copy of insurance card***

Primary Insurance Company:____________________ Group/Policy #:______________ Member #: ______________

Policy Holder Name:____________________ DOB:____/____/____ Relationship: ______________

Policy Holder's Employer: ____________________ Employer Location: ____________________

Services Requested (Check all that apply):

- **Fetal and Neonatal Care Center**
  - For known/suspected Fetal Anomalies
  - Includes MFM consult, Ultrasound and Genetic counseling if needed
- **Maternal Fetal Medicine Consult**
- **Genetic Counseling**
- **Establish/Transfer Care**
- **Other (please indicate)**

Reason for Referral, IDC-10 Code or Diagnosis/Condition:
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- **Ultrasound with consult if needed**
  ______Singleton______Multiple
- 1st trimester scan (Transabdominal approach)
- 1st trimester Nuchal translucency (11w0d-13w6d)
- Level I anatomy (Low risk pregnancy)
- Level II anatomy (High risk pregnancy)
- Cervical Length/early pregnancy dating (Transvaginal approach)
- Fetal Doppler (Umbilical Artery, MCA, etc.)
- Follow Up Growth- must have been seen and have completed anatomical survey at UCM
- Biophysical Profile
  - Without NST
  - With NST
- Pelvic Ultrasound Complete – Non OB (Transabdominal approach)
- Pelvic ultrasound Non-OB (Transvaginal approach)
- Fetal echocardiogram with consult
- Fetal echocardiogram without consult

Referring Provider Information

Name:____________________ Preferred Contact for abnormal results: ____________________

Address: ____

Office Phone:____________________ Office Fax: ____________________

Main Campus Location:
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