



## Referral to Center for Maternal-Fetal Medicine and The Fetal & Neonatal Care Center

*In an effort to best serve you and your patients, we ask that you please include all relevant medical records including: lab work/screening results, ultrasound images or reports and visit note. Please fax documents to 773-926-0740.*

**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: \_\_\_\_\_

***\*Please fax this form, patient records and the HMO authorization (if applicable) to 773-926-0740\****

**Services Requested (Check all that apply):**

- Fetal and Neonatal Care 1-844-UC-FETAL
  - **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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Ultrasound with consult if needed \_\_\_\_\_ Singleton \_\_\_\_\_ Multiple
  - 1<sup>st</sup> trimester scan (transabdominal approach)
  - 1<sup>st</sup> trimester dating (transvaginal approach)
  - 1<sup>st</sup> trimester Nuchal translucency (between 11w0d and 13w6d)
  - Level I anatomy (Low risk pregnancy)
  - Level II anatomy (High risk pregnancy)
  - Cervical Length (transvaginal approach)
  - Follow Up Growth (Must have been seen and have completed anatomical survey at UCM)
  - Biophysical Profile
  - Fetal Doppler (Umbilical Artery, MCA, etc.)
  - Fetal echocardiogram with Pediatric Cardiology Consult
  - Fetal MRI
  - Pelvic Ultrasound Complete – Non OB (Transabdominal approach)
  - Pelvic ultrasound Non-OB (Transvaginal approach)

**Referring Provider Information**

Provider's direct contact (email or phone) for provider-to-provider care coordination: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ Date referral faxed: \_\_\_\_\_

**Fetal & Neonatal Care Center/FNCC:**

**University of Chicago**

- Ultrasound & MFM Consult available at DCAM, Orland Park, & Schererville
- Fetal echo, Fetal MRI, & Amniocentesis/CVS available at DCAM
- Genetic Counseling available at DCAM or via Telehealth
- *For clinical questions, please contact our FNCC Coordinator, Andrea Fischlowitz, RN, APN at 773-834-4354*
- *For fetal anomaly scheduling questions, please contact Melinda Martin at 773-795-5177*

**Main Campus Location:**

**University of Chicago**  
Duchossois Center for  
Advanced Medicine/DCAM  
5758 S. Maryland Ave.  
Chicago, IL 60637  
**Fax: 773-926-0740**  
**Appts: 773-702-6118**

**Orland Park, IL**

University of Chicago Medical  
Center for Advanced Care  
14290 South La Grange Road  
Orland Park, IL 60462  
**Fax: 773-926-0740**  
**Appts: 773-702-6118**  
**Dr Maritza Gonzalez, MD (MFM)**  
**Dr Joana Lopes Perdigao, MD (MFM)**

**Schererville, Indiana**

University of Chicago Health Specialists  
222 Indianapolis Blvd  
Schererville, IN 46360  
**Fax: 773-926-0740**  
**Appts: 773-702-6118**  
**Dr Sarosh Rana, MD (MFM)**  
**Dr Maritza Gonzalez, MD (MFM)**  
**Dr Joana Lopes Perdigao, MD (MFM)**