



Referral to Center for Maternal-Fetal Medicine, The Fetal & Neonatal Care Center, Ob/Gyn Ultrasound and Genetics

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
 - ☐ 1st trimester scan (transabdominal approach)
 - ☐ 1st trimester dating (transvaginal approach)
 - ☐ 1st trimester Nuchal translucency (between 11w0d and 13w6d)
 - ☐ Level I anatomy (Low risk pregnancy)
 - ☐ Level II anatomy (High risk pregnancy)
 - ☐ Serial 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: _____ Provider NPI: _____

Address: _____

Office Phone: _____ Office Fax: _____ Date referral faxed: _____

Fetal & Neonatal Care Center/FNCC:

University of Chicago

- Ultrasound & MFM Consult available at DCAM & 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 Nurse Manager, Andrea Fischlowitz 773-834-4354; FNCC Nurse Navigator, Heather Glantz at 773-834-4204*
- *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.
Clinic 3 G, H, & I
Chicago, IL 60637
Fax: 773-926-0740

South Loop-Chicago, IL

UChicago Medicine
1101 S. Canal St.
Chicago, IL 60607
Fax: 773-926-0740
Appts: 773-702-6118
Dr Joana Lopes Perdigao, MD (MFM)
Ob/Gyn Ultrasound available

Munster, Indiana

Community Diagnostic Center
10020 Don S Power Drive
2nd Floor
Munster, In. 46321
Fax: 773-926-0740
Appts: 773-702-6118
Dr Sarosh Rana, MD (MFM)
Dr Deborah Boyle, MD (MFM)
Ob/Gyn Ultrasound available