



# Referral Form

## Maternal-Fetal Medicine, Fetal & Neonatal Care Center, and 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. UCM Scheduling Team will reach out to the patient to schedule ultrasound within 48-72hrs of receiving this referral/order form. Call 773-702-6118 for scheduling questions.

**Patient Information**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

LMP: \_\_\_\_\_ EDD: \_\_\_\_\_ (circle one: 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)
- Fetal echocardiogram w/ Pediatric Cardiology Consult
- Fetal MRI

Reason for Referral, IDC-10 Code or Diagnosis/Condition:

\_\_\_\_\_

\_\_\_\_\_

- Ultrasound \_\_\_\_\_ Singleton \_\_\_\_\_ Multiples
  - 1<sup>st</sup> trimester scan (transabdominal approach)
  - 1<sup>st</sup> trimester dating (transvaginal & transabdominal approach)
  - 1<sup>st</sup> 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
  - Completion of anatomy (only if Level I/II anatomy performed at UCM)
  - Biophysical Profile (FREQUENCY: \_\_\_\_\_)
  - Fetal Doppler (Umbilical Artery, MCA) (FREQUENCY: \_\_\_\_\_)
- Pelvic/Gyn Ultrasound– Non OB (Transabdominal approach)
- Pelvic/Gyn Ultrasound Non-OB (Transvaginal & transabd 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**

- US & MFM Consult available at DCAM & Munster
- Fetal echo, Fetal MRI, & Amniocentesis/CVS available at DCAM
- Genetic Counseling available at DCAM or via Telehealth
- For clinical questions, please contact FNCC Nurse Navigator 773-834-4204 or 773-834-4203
- For fetal anomaly and genetics scheduling questions, please contact 773-795-5177
- For MFM scheduling questions, please contact 773-795-8421

**Main Campus Location:**

**University of Chicago**  
Duchossois Center for  
Advanced Medicine/DCAM  
5758 S. Maryland Ave.,  
Clinic 3 G, H & I  
Chicago, IL 60637

**Munster, IN**

Community Diagnostic Center  
10020 Donald S Powers Dr., 2nd  
Floor  
Munster, IN 46321  
Dr. Sarosh Rana, MD, MPH (MFM)  
Dr. Deborah Boyle, MD (MFM) MFM  
consult & OB/GYN US  
Dr. Ashish Premkumar, MD, PhD  
(MFM & FNCC)

**UChicago Medicine OB/GYN Ultrasound available at:**

**Orland Park**

14290 S. La Grange Rd.,  
Orland Park, IL 60462

**River East**

355 E Grand Ave.,  
Chicago, IL 60611

**South Loop**

1101 S. Canal St.,  
Chicago, IL 60607

**Hinsdale/Salt Creek**

11 Salt Creek Ln.,  
Hinsdale, IL 60521 **GYN/  
REI imaging**

**Northbrook, IL**

400 Skokie Blvd., Ste 300,  
Northbrook, IL 60062  
**GYN**

**Crown Point, IN**

10855 Virginia St., Crown  
Point, IN 46307 **GYN**