



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 (during pregnancy or preconception)
- Genetic Counseling
- Establish/Transfer Care
- Other (please indicate)
- Fetal echocardiogram w/ Pediatric Cardiology Consult
- Fetal MRI

- Ultrasound _____ Singleton _____ Multiples
 - 1st trimester scan (transabdominal approach)
 - 1st trimester dating (transvaginal & transabdominal approach)
 - Nuchal Translucency and Early First Trimester Anatomy (between 12w0d and 13w6d)
 - Level I Second Trimester Anatomy (Low-risk pregnancy)
 - Level II Second Trimester 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: _____)

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

- Pelvic/Gyn Ultrasound– Non OB (Transabdominal approach)
- Pelvic/Gyn Ultrasound Non-OB (Transvaginal & transabdominal approach)
- Endometriosis Augmented Pelvic Ultrasound (for diagnoses Endometriosis, pelvic pain, dysmenorrhea, dyspareunia)

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 & MF M 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
**In-person & virtual MFM consults
and OB/GYN ultrasound**

Munster, IN:

Community Diagnostic Center
10020 Donald S Powers Dr., 2nd Fl.,
Munster, IN 46321
**MFM consult & OB Ultrasound:
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