AT THE FOREFRONT
UChicago Medicine

Referral Form

Maternal-Fetal Medicine, Fetal & Neonatal Care Center (FNCC), Genetics and Obstetric Ultrasound

Form Creation Date: _____/_____/_____

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 notes. Please fax documents to 773-926-0740. UCM Scheduling Team will reach out to the patient to schedule an ultrasound within 48- 72 hours of receiving this referral/order form. Call 773-702-6118 for scheduling questions.

Patient Information:

Patient Name: _____ DOB: _____/_____/_____

Address: _____

Phone: _____ Alt. phone: _____ Email: _____

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
□ Fetal echocardiogram with pediatric cardiology consult
□ Fetal MRI with consultation

Reason for referral, ICD-10 code, or diagnosis/ condition:

_____
_____
_____
_____
_____

□ Ultrasound _____Singleton _____Multiples
□ 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) & follow-up for completion
□ Level II second trimester anatomy (high-risk pregnancy) & follow-up for completion
□ 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 & transabdominal approach)
□ Sonohysterogram (SIS/SHG) procedure
□ Endometriosis augmented pelvic ultrasound (for diagnosis of 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: _____

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Location & Contact Information:

Main Campus Location:

UChicago Medicine DCAM
5758 S. Maryland Ave., Clinic 3G, H & I, Chicago, IL 60637
In-person & virtual MFM consults and OB/GYN ultrasound

Ultrasound Available:

UChicago Medicine DCAM
5758 S. Maryland Ave., Clinic 3G, H & I, Chicago, IL 60637

South Loop, IL
1101 S. Canal St.,
Chicago, IL 60607

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

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

River East, IL
355 E Grand Ave.,
Chicago, IL 60611

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

Hinsdale, IL
11 Salt Creek Ln.,
Hinsdale, IL 60521

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)

Fetal & Neonatal Care Center (FNCC):

UChicago Medicine

- US & MFM consults available at DCAM & Munster
- Genetic counseling available at DCAM or via telehealth
- Nurse navigators: 773-834-4204 or 773-834-4203
- Scheduling questions: 773- 795-8421