

Levine Children's Hospital  
 Fetal Cardiology Echo Lab  
 1000 Blythe Boulevard  
 Charlotte, NC 28203

Tel: 704-381-3361  
 Fax: 704-381-3368

## Fetal Echocardiogram and Consultation Referral Form

Primary Physician: Dr. \_\_\_\_\_  
 OB Referring Physician: Dr. \_\_\_\_\_  
 MFM Physician: Dr. \_\_\_\_\_

Tel: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Tel: \_\_\_\_\_

Name:	Date of birth:	Age:	Sanger MR#:
Address: _____ _____ _____ _____	Home Phone: _____  Work Phone: _____  Cell Phone: _____	Email ID: _____ Misc.: _____ _____ _____ _____	
Primary Insurance:	Group #:	Policy #:	
Guarantor:			
Secondary Insurance:	Group #:	Policy #:	
Guarantor:	Guarantor's DOB:		

Reason for Referral: \_\_\_\_\_  
 Diagnosis (ICD 10): \_\_\_\_\_

Maternal Congenital Heart disease (O99.419)	Suspected/ known Chromosome abnormality (O35.1XX0)
Maternal Diabetes (O99.810)	Suspected/known hereditary disease affecting fetus (O35.2XX0)
Maternal Lupus (O25.10/ M32.10)	Abnormal finding on antenatal screening (O28.9)
Suspected/known damage from drugs (O35.5XX0)	Suspected/ known fetal abnormality NEC ~ not elsewhere classified (O35.8XX0)
Family history of congenital anomalies (Z82.79)	Fetal CNS Anomalies (O35.0XX0)
Pregnancy from assisted reproductive technology (O09.819)	Fetal non-CNS anomalies (O35.8XX0)
Twin gestation (O30.009)	Fetal growth retardation (O36.5190)
Twin to twin transfusion syndrome (O30.009)	Two vessel cord (O69.89X0)

Pregnancy History: Gravida \_\_\_\_\_ Para \_\_\_\_\_ Living \_\_\_\_\_ Term \_\_\_\_\_ Preterm \_\_\_\_\_ Miscarriages \_\_\_\_\_  
 Gestational Age: \_\_\_\_\_ weeks LMP: \_\_\_\_\_ EDD: \_\_\_\_\_  
 Prior Fetal Echocardiograms: Yes \_\_\_\_\_ No \_\_\_\_\_ Interpreter Needed: Yes \_\_\_\_\_ (Language: \_\_\_\_\_) No \_\_\_\_\_  
 \*\* Please fax all records supporting diagnosis along with this form for review.\*\*

<b>For Fetal Cardiology Echo Lab Office Use Only:</b>		
Date of Service: _____	Fetal Echo Appointment Date: _____	Time: _____
Pre-authorization: Yes _____ No _____	Diagnosis: _____	ICD 10: _____
Fetal Cardiac Echo, Initial (76825) _____	Fetal Doppler, Complete (76827) _____	Doppler Color Flow (93325) _____
Fetal Cardiac Echo, F/U (76826) _____	Fetal Doppler, F/U (76828) _____	Umbilical Artery Doppler (76820) _____
MCA Doppler (76821) _____		

**Follow-up Appointments:**  
 MFM: \_\_\_\_\_ Cardiac Surgery: \_\_\_\_\_ Tour of facilities: \_\_\_\_\_  
 NICU: \_\_\_\_\_ Fetal Cardiology: \_\_\_\_\_ Misc.: \_\_\_\_\_