

# WOMEN'S HEALTH CONSULTANTS

## Maternal Fetal Medicine

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For Location and Parking info, visit our website: [www.whcchicago.com](http://www.whcchicago.com)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

PRIMARY LANGUAGE (OTHER THAN ENGLISH)  Spanish  Polish  Other: \_\_\_\_\_

LMP: \_\_\_\_\_ EDC: \_\_\_\_\_

Referring OB Provider: \_\_\_\_\_

Office Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Reason for Referral/Diagnosis: \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

Insurance Information: Commercial/PPO, HMO, Public Aid (**If Blue Cross Community HMO - Prior Authorization is Required**) Please attach copy of Insurance cards

### PERINATAL SERVICES REQUESTED:

- 76801 – Dating and Viability Ultrasound
- 76813 – First Trimester Screening
- 76811 – Level 2 Structural Survey
- 76816 – Growth Ultrasound
- 76817 – Cervical Length
- 76819 - BPP – Biophysical Profile
- 76820, 76821 - Dopplers- Umbilical or MCA
- 76825, 76827, 93325 – Fetal Echo
- 76856 – Pelvic Ultrasound
- 76830 – Endovaginal Gyne
- Genetic Consult
- Consultation Only - Please call ENID 312-997-2229
- For Transfer of Care - Please call ENID at (312) 997-2229

### INDICATIONS:

- Suspected Fetal Anomaly
- Advanced Maternal Age
- Abnormal Genetic Screening
- Multiple Gestation
- IUGR
- Maternal HTN
- Maternal Diabetes
- History of Pre-Term Labor
- Teratogen Exposure
- Obesity/BMI \_\_\_\_\_
- IVF Pregnancy
- Allo Immunization
- Other \_\_\_\_\_

**(If transfer of care we need all ORIGINAL ob panel labs, urine cx, pap smear and any ultrasounds also, all Demographics and current insurance card)**