



THE QUEEN'S MEDICAL CENTER

- ☐ **Women's Health Center (Punchbowl)**
Attn: Nani/Nerizza • Fax#: 808-686-3842
- ☐ **West Imaging**
Attn: Gia • Fax#: 808-691-3863
- ☐ **North Hawaii (Waimea)**
Attn: Nani • Fax#: 808-686-3842



1301 Punchbowl Street • Honolulu, Hawaii 96813 • Phone (808) 691-7733 • Fax (808) 686-3842

Scheduling Information

Name (LAST, FIRST): _____ Medical Record #: _____

Date of Birth: _____ EGA: _____ G: _____ P: _____ Best EDC: _____ ☐ By LMP ☐ By US Date

Day Phone #: _____ Cell Phone #: _____

Primary Insurance: _____ Secondary Insurance: _____

Interpreter Requested: ☐ YES ☐ NO Language: _____

*Allow MFM Physician to modify and/or order and schedule any recommended additional testing/service? ☐ YES ☐ NO

Physician Request for OB Ultrasound Services

Ultrasound Services Requested:

- ☐ CPT: 76801 - OB Less than 14 weeks
☐ CPT: 76805/76811 OB Routine/Detailed Anatomy
☐ CPT: 76825 Fetal Echocardiogram
☐ CPT: 76816 - Follow-up Growth
☐ CPT: 76817 - OB Transvaginal
☐ CPT: 76819 - Biophysical Profile
☐ CPT: 81420 - NIPT Non-invasive Pregnancy Test
☐ CPT: 76946/59000 - Amniocentesis
☐ CPT: 76945/59015 - Chorionic Villous Sampling

Indications for Ultrasound:

- ☐ ICD10: O30.90 - Multiple Gestation, Specify # _____
☐ ICD10: Z36.87 - Unsure dates or LMP
☐ ICD10: O35.9XX9 - Fetal Anomaly _____
☐ ICD10: O09.529 - AMA ($\geq$ 35 years old)
☐ ICD10: O26.849 Growth: ☐ Size > Dates ☐ Size < Dates
☐ ICD10: Z36.86 - Cervical length, Transvaginal
☐ ICD10: O46.90 - Vaginal Bleeding
☐ ICD10: O24.419 - Gestational Diabetes
☐ ICD10: O24.319/E11.9 - Pre-existing Diabetes
☐ ICD10: O09.219 - Prior Preterm Birth
☐ ICD10: O99.419 - Maternal Cardiac Disease
☐ ICD10: Z36.89 - Fetal Anatomy
☐ Other _____

Physician Request for Maternal Fetal Medicine Consult

Select preferred option: ☐ In-Person Consultation ☐ Telehealth (Virtual) Consultation

- ☐ One Time Consult only, recommendations provided
☐ Consult with ongoing co-management of problems
(Referring provider remains as the primary OB)
☐ Pre-conception counseling
☐ Gestational or Pregestational Diabetes Management
☐ Heart Disease in Pregnancy - Joint Consult with Cardiology

Please specify problems you would like the MFM to manage at Consultation:

Please include and Fax the necessary records that are relevant to the patient's diagnosis

- ☐ Demographics with Insurance card copy (front and back)
☐ Labs and Imaging Reports
☐ Current Prenatal Records
☐ Other relevant medical records (Consults Cardiology, Rheumatology, etc.)
☐ For Quest/HMA/Tricare/VA/Kaiser/PSWA, please obtain and send insurance referral/authorization

Diagnosis/Comments: _____

Blood type (for amnio) _____ Scheduled By _____
DATE: _____ TIME: _____

PHYSICIAN SIGNATURE _____

DATE/TIME _____

PHYSICIAN NAME _____

STREET ADDRESS _____