



NEW Fetal Cardiac Referral Request to AFCC

Please send this form and patient information (demographics, insurance, OB/cardiology medical records) by fax (617-730 0124) or email (AFCCReferrals@childrens.harvard.edu). For any questions please call the Advanced Fetal Care Center at (617) 355-6512. Please fill out **ALL** fields.

Patient Name: _____ Maiden Name _____ DOB: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: (____) _____ Home Phone Number: (____) _____ Email _____
Suspected Cardiac Diagnosis: _____
Other suspected anomalies or chromosome problems: _____
Other issues (social/financial/transportation/other): _____
EDC _____ Singleton _____ Twins _____ Other _____ PCP: _____
Current anticipated delivery location _____ Prior pregnancy/child care at BCH _____ Interpreter: (Y/N)
Insurance Company: _____ Plan Name: _____ Insurance ID Number: _____
<i>If you have any insurance related questions, please contact Boston Children's Hospital patient financial services at 617-355- 3397 for help. Thank you!</i>

Referring Cardiologist Information:

Referring Cardiologist Name: _____	Cardiologist Email: _____		
Practice Name: _____	Practice Phone Number: (____) _____	Practice Fax Number: (____) _____	
Address: _____	City: _____	State: _____	Zip: _____

Primary OB or MFM Name: _____	Email: _____		
Practice Name: _____	Practice Fax Number: (____) _____		
Address: _____	City: _____	State: _____	Zip: _____

Scheduling Requests:

<input type="checkbox"/> Schedule fetal echo in _____ weeks. Please coordinate appointment with Dr. _____.
<input type="checkbox"/> Schedule fetal echo and US/MRI/other specialists: _____.
<input type="checkbox"/> Establish care for Boston delivery and schedule same day appointment in _____ weeks for a fetal echo coordinated with Dr. _____ and BWH MFM appointment. <i>When possible, please try to provide 3-4 weeks notice to request same day appointments. Please ask your patient to call and register at BWH today so that appointments can be scheduled (866-489-4056).</i>
<input type="checkbox"/> Additional Notes:
<input type="checkbox"/> Email Final echo reports to: _____