NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.℠

The Heart Center at Nationwide Children's Hospital
Fetal Echo Order

All information must be completed and faxed to (614) 722-5552 with the PHYSICIAN'S SIGNATURE before a fetal echocardiogram can be scheduled. Call our office at (614) 722-6657 with PRECERTIFICATION Information and/or if this is an emergency.

****IMPORTANT: Once Fetal Appointment has been scheduled, please call THE PATIENTS INSURANCE FOR PRECERTIFICATION on this test (CPT CODES: Initial 76825, Fetal Doppler 76827, Color flow analysis 93325).** Please call 614-722-6657 with Precertification information.**

DO NOT USE FELLOWS or RESIDENT NAMES on referral. (WE CAN NOT USE AN OFFICE NAME)

*** Please fax a copy of the US report and Patient Demographics with this referral***

Precertification Needed: YES or NO

Authorization Information: _____

_____

(PLEASE PRINT)

Interpreter needed? YES or NO Language?_____

Name: _____

Maiden Name: _____

DOB: _____

Address: _____

_____

_____

Phone: _____

LMP: _____Weeks Pregnant:_____

Medications:_____

EDC:_____ Grav./Para_____

Twins/Multiples?: YES or NO_____

Height: _____ Weight:_____

Reason for Echo _____

_____

Referring Office:_____

Phone: _____

Fax: _____

Diabetes: _____ IDDM: _____ Class: _____

Family History of CHD: _____

Arrhythmia: _____ Heart Rate: _____

Referring Physician Signature: _____Date/Time: _____

Referring Physician Name (please print):_____

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BELOW TO BE COMPLETED BY SCHEDULING OFFICE ONLY

PATIENT NOTIFIED: YES OR NO

APPT DATE: _____ TIME:_____ FAXED: _____ SCANNED: _____