

SHARP MARY BIRCH MATERNAL-FETAL MEDICINE
Adamczak ▪ Adami ▪ Schwendemann ▪ Tith ▪ Westermann



Date: _____

Maternal-Fetal Medicine Center – Chula Vista
751 Medical Center Court
Chula Vista, CA 91911
858-541-4800 (Office)

Maternal-Fetal Medicine Center - Murrieta
25395 Hancock Avenue, Suite 210
Murrieta, CA 92562
858-541-4800 (Office)

SHARP MARY BIRCH MATERNAL-FETAL MEDICINE
DIABETES IN PREGNANCY REFERRAL FORM
FAX FORM TO: 858-541-4841

OFFICE/GROUP NAME _____
OFFICE/GROUP ADDRESS _____
OFFICE/GROUP PHONE: _____ OFFICE/GROUP FAX: _____
PROVIDER: _____ REFERRAL COORDINATOR: _____

Perinatal Consult (required for all new referrals):

CPT: 99244

Diabetic Education with RN: New diagnosis of diabetes or gestational diabetes:

(Include dietary education, blood glucose monitoring and medical management as indicated)

CPT: 99211 + G0108

Fetal Assessment Ultrasound: (required for all new referrals)

CPT codes 76811 + 99244 Twins add CPT codes 76812 + 76817

Fetal Echo and Consult: (required for diagnosis < 24 weeks)

CPT codes 76811 + 76825 + 99244 + 76827 + 93325

PATIENT NAME (PLEASE PRINT): _____ DOB: _____ SSN: _____

(LAST FOUR DIGITS)

ADDRESS: _____

PATIENT CELL: _____ EMERGENCY CONTACT: _____

INSURANCE: _____ INSURANCE ID# _____

DIAGNOSIS/INDICATION: _____

PREFERRED LANGUAGE: _____ EDC: _____

APPOINTMENTS FOR DIABETES EDUCATION WILL BE ON WEDNESDAYS

PLEASE FAX ALL PRENATAL RECORDS AND LABS INCLUDING GLUCOSE TOLERANCE TEST AND hgA1c RESULTS

(The referring provider needs to order glucometers, lancets, and testing supplies)