

Cincinnati Children's Fetal Care Center Referral Form

Patient Name: _____ DOB: _____

Cell Phone: _____ Other Phone: _____

Insurance Carrier: _____ Policy ID: _____

Reason for Referral: _____

Current Gestational Age: _____ EDD: _____

Date and Location of Last Ultrasound: _____

Please send the following to
cfcreferral@cchmc.org or fax to (513) 636-5959

Ultrasound
Report

ACOG

Progress
Notes

Labs

Referring Physician: _____ Facility Name: _____

Facility Phone: _____ Facility Fax: _____

Additional Information: _____

Once referral is received, the patient will be contacted within 1 business day.

Pediatric Surgery

Foong-Yen Lim, MD, FACS, FAAP
Surgical Director

Jose L. Peiro, MD, MBA
Director Endoscopic Fetal Surgery

Beth Rymeski, DO
Pediatric Surgeon

Neonatology

Stefanie Riddle, MD
Neonatal Director

TriHealth

Mounira Habli, MD
Maternal-Fetal Medicine Specialist

Mallory Hoffman, MD
Maternal-Fetal Medicine Specialist

University of Cincinnati

Sammy Tabbah, MD
Maternal-Fetal Medicine Specialist

David McKinney, MD
Maternal-Fetal Medicine Specialist

Kara Markham, MD
Maternal-Fetal Medicine Specialist

Patient Services

Kim Burton, MSN, MBA, RNC-NIC
Clinical Director

Angela Ervin, BSN
Clinical Manger

Administration

Steve Hough, MBA
Senior Director, Operations

Rebecca Frye, MHSA
Program Manager

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