



**Neonatology
Outpatient Antenatal
Consultation Request
PS285**

Urgent **1-2 weeks** **1 month**

(Urgent request must be discussed directly with a Neonatologist. Contact on-call neonatologist through hospital locating at 416-756-6002)

Date of request: _____ Requesting Physician: _____

Patient name: _____ DOB: _____

Health Card Number: _____ MRN: _____

Address: _____

Contact Phone Number(s): _____

Clinical Information: _____

Consult request Checklist

(Please ensure all the following, if applicable, are included in the consult request)

Ontario Antenatal Records I & II _____

Lab Results (If applicable) _____

Radiology results (if applicable) _____

Other consult reports (if applicable) _____

Signature of Requesting Physician: _____

OHIP Billing No. _____ **Date:** _____

Please fax request and accompanying information to Prenatal Services at 416-756-6531

For Office Use Only:

Neonatologist assigned _____ Date notified _____