



# Baystate Maternal Fetal Medicine

Phone: (413) 794-5345  
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## OBSTETRICAL ULTRASOUND ORDER

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

LMP: \_\_\_\_\_ EDC: \_\_\_\_\_ Ordering Provider: \_\_\_\_\_

Ordering Provider Signature: \_\_\_\_\_

### 1 TYPE/PARAMETER

- DETAILED FETAL ANATOMY (level 2)**  
best at 18-20 weeks (or 20-22 weeks if BMI > 30)
- STANDARD OBSTETRICAL U/S (level 1)**  
best at 18-20 weeks & BMI < 30
- FOLLOW-UP** (prior study done by Baystate MFM)
  - Anatomy**
  - Growth**
- LIMITED** (fluid check, presentation, placenta, viability)
- VAGINAL ULTRASOUND** (includes cervical length)
- ACCRETA EVALUATION**
- FIRST TRIMESTER OBSTETRICAL U/S**
- NUCHAL TRANSLUCENCY**  
1st trimester screen 11 to 13<sup>+6</sup> weeks
- BIOPHYSICAL PROFILE**
- FETAL ECHOCARDIOGRAM**  
best @ 22-24 weeks
- AMNIOCENTESIS** } Blood type: \_\_\_\_\_
- CVS** (10-13<sup>6</sup> weeks) }
- OTHER STUDY** \_\_\_\_\_

### 2 INDICATION(S) (must be filled)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please attach or fax any genetic screen result if fetal anatomy is requested*

### 3 TWINS

YES       NO

#### CROSS OUT IF NOT REQUESTED

- MFM consultation pertaining to the ultrasound findings may be done or scheduled when indicated**
- Additional studies may be done or scheduled when indicated by the ultrasound findings**