

Maternal Fetal Medicine – Ultrasound Services & Locations



Shiloh, IL	Thursday 8 am – 4 pm (Ultrasound & MFM) Wednesday & Friday 8 am – 4 pm (Ultrasound)
Progress West	Tuesday 8 am – 4 pm (Ultrasound & MFM) Thursday 8 am – 4 pm (Ultrasound)
So. County CAM	Wednesday 8 am – 4 pm (Ultrasound)
Carbondale, IL	Monday – Friday 8 am – 4 pm (Ultrasound & TeleMFM)

Ultrasounds at: Shiloh, IL

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| <ul style="list-style-type: none"> • Gynecologic Ultrasound (TA and/or TV) • Viability/Dating < 14 weeks • Nuchal Translucency measurement - (11-13.6 wks) • Standard (gestational age assignment/anatomic survey) (20 weeks) with transvaginal if < 24 wks • cffDNA | <ul style="list-style-type: none"> • Specialized (anatomic survey: AMA; IDDM; drug exposure; elevated BMI; presence of ultrasound markers; MC twins; etc.) with transvaginal if < 24 wks • Growth/Repeat (re-evaluation fetal size and/or re-examination of specific organs(s)) • Cervical length • Umbilical and/or fetal Doppler • Limited – AFV, fetal position, placental location, FHM |
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Ultrasounds at: Carbondale, Progress West & South County CAM

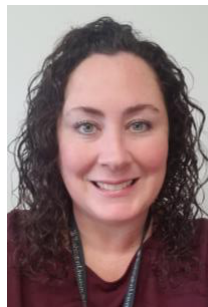
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| <ul style="list-style-type: none"> • Gynecologic Ultrasound (TA and/or TV) (age 12+) • Standard (gestational age assignment/anatomic survey) (20 weeks) with transvaginal if < 24 wks • Specialized (anatomic survey: AMA; IDDM; drug exposure; elevated BMI; presence of ultrasound markers; MC twins; etc.) with transvaginal if < 24 wks | <ul style="list-style-type: none"> • Viability/Dating < 14 weeks • Growth/Repeat (re-evaluation fetal size and/or re-examination of specific organs(s)) • Cervical length • Umbilical and/or fetal Doppler • Limited – AFV, fetal position, placental location, FHM |
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Ultrasounds at: Center for Outpatient Health (COH7) & MoBap

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| <ul style="list-style-type: none"> • Gynecologic Ultrasound (TA and/or TV) • First trimester anatomy (previous child w/anomaly, known or suspected anomaly this pregnancy, AMA, preexisting DM, IVF, multiples, teratogen exposure, enlarged NT, positive screening test, BMI over 35, previa or cesarean scar ectopic). Order as specialized w/provider comment -“early anatomy scan, schedule 12.0-13.6 wks”. If there is no comment, will be scheduled as normal specialized scan 20-22 wks. • Rule out Ectopic/PUL • Viability/Dating < 14 weeks • Nuchal Translucency measurement - (11-13.6 wks) • Standard (gestational age assignment/anatomic survey) (20 weeks) with transvaginal if < 24 wks • cffDNA • Genetic Counseling | <ul style="list-style-type: none"> • CVS (10–13 weeks) • Specialized (Including, but not limited to: known or suspected anatomic or genetic abnormality or increased risk for same; AMA; IDDM; drug exposure; presence of ultrasound markers; MC twins; elevated BMI; etc.) w/ transvaginal if < 24 wks • Growth/Repeat (re-evaluation fetal size and/or re-examination of specific organs(s) known or suspected to be abnormal) • Biophysical profile (NSTs only at COH7 & MoBap) • Cervical length • Umbilical and/or fetal Doppler • Limited – AFV, fetal position, placental location, FHM, rule out ectopic, other • SIS (Saline Infusion Sonography) • Amniocentesis (15–20 weeks) • Fetal Care (COH7 ONLY) |
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**** EPIC USERS **** - ULTRASOUND ORDER CHEAT SHEET

***You must type in the highlighted IMG code for the corresponding ultrasound

**To request consult AND ultrasound use referral (REF 430234) AND include the US order separately

LMT	IMG2909 - OB US LIMITED	Check Viability, PUL, Check Placenta, Dopplers or BPP's, Completion of Anatomic Survey
RPT	IMG2910 - US OB FOLLOW UP	Check growth along with BPP and or Dopplers
STN	IMG2907 - US OB 14 WEEKS OR OVER	Anatomic Survey routine low risk
SPC	IMG534 - OB US DETAIL FETAL ANATOMY SINGLE OR FIRST GESTATION	Anatomic Survey high risk (AMA, BMI over 35, ART, IDDM and family hx of anomalies) OR First Trimester Anatomy-COH7/MoBap locations only (previous child w/anomaly, known or suspected anomaly this pregnancy, AMA, preexisting DM, IVF, multiples, teratogen exposure, enlarged NT, positive screening test, BMI over 35, previa or cesarean scar ectopic). Must have provider comment on order—"early anatomy scan, schedule 12.0-13.6 wks".
FLK	IMG2912	Nuchal Translucency measurement - (11-13.6 weeks GA)
CVS	IMG562	Chorionic Villus Sampling (10-13.6 weeks GA)/include counseling
AMNIO	IMG2712	Amniocentesis (>/=15 weeks GA)/include counseling
MISC LAB cffDNA	LAB000	Cell Free Fetal DNA
GYN/Pelvic	IMG2722 - US PELVIS COMPLETE	Non-pregnant pelvic ultrasound
SIS	IMG2721 - US SONOHYSTEROGRAPHY	
GC	AMB Referral to OB GENETIC COUNSELING (do NOT use IMG9999). Process see next pg.	

On the right is an example of a Standard Anatomy scan

Select **Washington University (All Locations)** and then **select the site** where you would like the ultrasound scheduled. In the **free text** below is where you can put any notes on reason for this ultrasound.

NEW GENETIC COUNSELING ORDER

1. In the Visit Taskbar, at the bottom of the screen Click **+ Add Order**
2. Enter **AMB Referral to OB Genetic Counseling**

Ambulatory referral to OB Genetic Counseling

Status: Normal Standing **Future**

Expected Date: 4/30/2021 Today Tomorrow 1 Week **2 Weeks** 3 Weeks 4 Weeks 1 Month 2 Months 3 Months

Expires: 4/16/2022 1 Month 2 Months 3 Months 4 Months 6 Months **1 Year** 18 Months

Please select the performing region: Washington University (All Locations)

To provider:

of visits: 1

Comments:

Show Additional Order Details

Next Required

Accept Cancel

3. Double-click the order to select if from the list.
4. Modify order details, such as the reason for referral and any required items
5. After updating the order details, click **✓ Accept**

Add this NEW order to your Preference List

6. Before signing the order, click ☆ to add it to your preference list

Dx Association Edit Multiple Estimate Options

After Visit

Ambulatory referral to OB Genetic Counseling

Please select the performing region: Washington University (All Locations)

of visits: 1

WALGREENS DRUG STORE #06755 - SAINT LOUIS, MO - 3920
HAMPTON AVE AT NEC OF HAMPTON & CHIPPEWA 314-351-2100

7. In the Add To Preference List window, enter any other details you want to use when you place this order in the future, and click **Accept**
 - a. In the **Display name** field, enter an easy-to-remember name for the order. The next time you need to place this order, you can search for your saved order using this name.
 - b. In the **Section** field, enter the section of your preference list in which you want this order to appear. Or, click **New Section** to add another section to your list

WashU Medicine MATERNAL- FETAL MEDICINE
ULTRASOUND REFERRAL ORDER FORM
FOR NON-EPIC USERS

Please fax required documents prior to scheduling to: 314-747-1637
 This form Insurance card (front and back)
 Medical records
If no response within 48 hours, please call 314-454-8181.

PATIENT NAME (last, first, M.I):		Date of birth:	
Interpreter <input type="checkbox"/> Yes - If yes, language: <input type="checkbox"/> No			
Patient address:			
Patient home phone:		Patient alternate phone:	
Required Insurance name (plan name):			
Name of policy holder:			
Policy ID #:	ID#:	Relationship to insured:	
Referring physician:		Office contact person:	
Office phone #:		Office fax #:	
Primary obstetrician, if not referring physician:			
Preferred scan location: <input type="checkbox"/> BJH - Center for Outpatient Health <input type="checkbox"/> Carbondale, IL <input type="checkbox"/> Missouri Baptist Medical Center <input type="checkbox"/> Progress West Hospital <input type="checkbox"/> Shiloh, IL* <input type="checkbox"/> South County - Center for Advanced Medicine			
Indication for referral (DX):			
GYNECOLOGIC ULTRASOUND <input type="checkbox"/> TA and/or TV <input type="checkbox"/> SIS (Saline Infusion Sonography)			
OBSTETRIC ULTRASOUND	LMP:	EDD:	EDD based on LMP/Ultrasound/Other:
	BMI:	Number of fetuses:	
<input type="checkbox"/> Rule out Ectopic/PUL <input type="checkbox"/> Viability/Dating < 14 weeks <input type="checkbox"/> Nuchal Translucency measurement (11-13.6 weeks) <input type="checkbox"/> Standard (gestational age assignment/anatomic survey) (19–20 weeks) with transvaginal if < 24 wks <input type="checkbox"/> Specialized (Including, but not limited to: known or suspected anatomic or genetic abnormality or increased risk for same; AMA; IDDM; drug exposure; presence of ultrasound markers; MC twins) with transvaginal if < 24 wks <input type="checkbox"/> First Trimester Anatomy-COH7/MoBap locations only _____ <input type="checkbox"/> Growth/Repeat (re-evaluation fetal size and/or re-examination of specific organs(s) known or suspected to be abnormal) <input type="checkbox"/> Biophysical profile (NSTs performed only at Center for Outpatient Health and Missouri Baptist Medical Center) <input type="checkbox"/> Cervical length <input type="checkbox"/> Umbilical and/or fetal doppler <input type="checkbox"/> Limited – AFV, fetal position, placental location, FHM, rule out ectopic, other:			
DIAGNOSTIC TESTING <input type="checkbox"/> Amniocentesis (15–20 weeks) <input type="checkbox"/> CVS (10–13 weeks) <input type="checkbox"/> Fetal lung maturity <i>(Authorization may be required, please verify with the insurance company. Blood type is required.)</i>			
GENETIC COUNSELING <input type="checkbox"/> Pre-conception counseling <input type="checkbox"/> Counseling with diagnostic testing			
Please list indication (abnormal serum screen, personal/family history of heritable condition, cell-free fetal DNA testing, etc):			
MATERNAL-FETAL MEDICINE		Indication for referral (DX):	
<input type="checkbox"/> Pre-pregnancy consult <input type="checkbox"/> One-time MFM consult <input type="checkbox"/> MFM consult & subsequent co-management of care <input type="checkbox"/> Transfer of care <input type="checkbox"/> Fetal care			

<i>Required</i> - Physician signature:	Date:
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