Maternal Fetal Medicine – Ultrasound
Services & Locations

WashU Medicine

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

- **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**
- **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

Ultrasounds at: Carbondale, Progress West & South County CAM

- **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
- **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

Ultrasounds at: Center for Outpatient Health (COH7) & MoBap

- **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**
- **Fetal Echo** (22-24 wks) (IVF, preexisting diabetes, family hist of CDH, thickened NT from 3-6 mm)
- **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)

Updated July 2025

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EPIC USERS - ULTRASOUND ORDER CHEAT SHEET

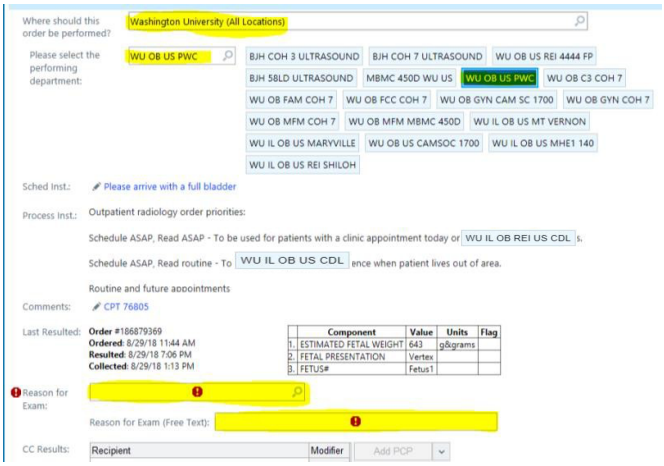
****You must type in the highlighted IMG code for the corresponding ultrasound*

**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.	
ECHO	IMG885 – Fetal Echo Doppler (22-24 wks)	

On the right is an example of a
Standard Anatomy scan

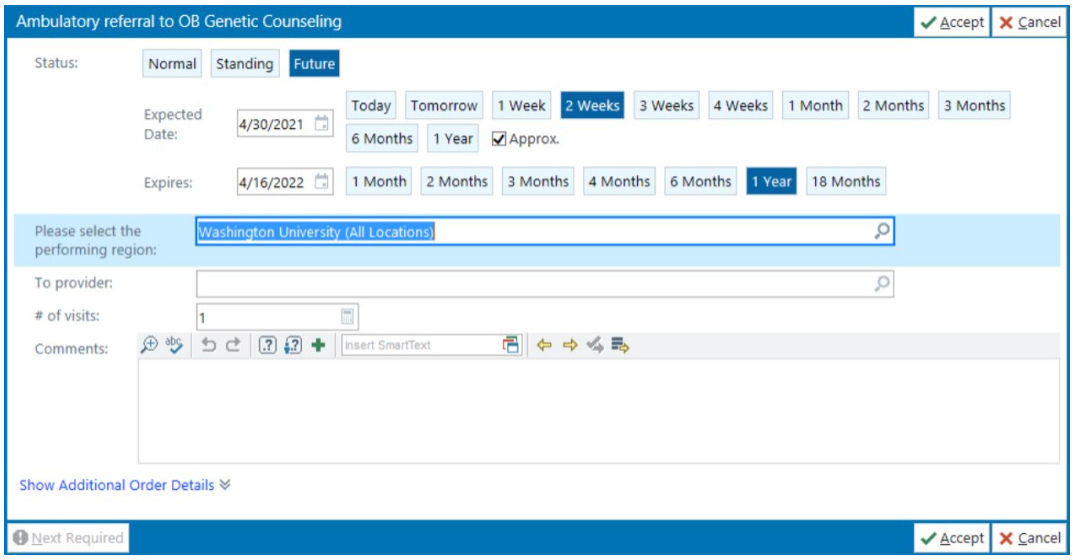
Select Washington University (All Locations)
and
then select the site where you would like the ultrasound scheduled.
In the free text below is where you can put any notes on reason for this ultrasound.



Updated July 2025

NEW GENETIC COUNSELING ORDER

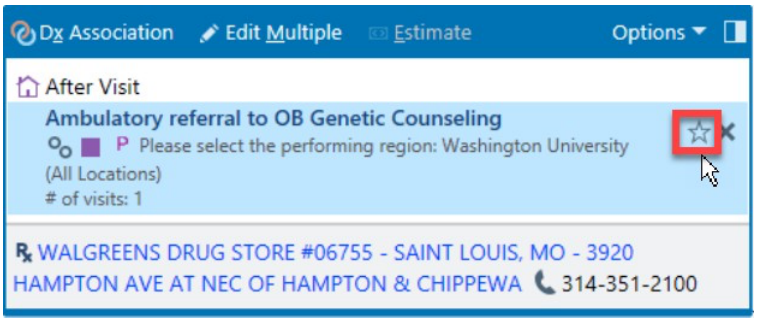
1. In the Visit Taskbar, at the bottom of the screen Click ✚ **Add Order**
2. Enter **AMB Referral to OB Genetic Counseling**



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



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 ☐Yes - If yes, language:	☐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: ☐BJH - Center for Outpatient Health ☐Carbondale, IL ☐Missouri Baptist Medical Center ☐Progress West Hospital ☐Shiloh, IL* ☐South County - Center for Advanced Medicine

Indication for referral (DX):

GYNECOLOGIC ULTRASOUND ☐ TA and/or TV ☐ SIS (Saline Infusion Sonography)

OBSTETRIC ULTRASOUND	LMP:	EDD:	EDD based on LMP/Ultrasound/Other:
	BMI:	Number of fetuses:	

☐ Rule out Ectopic/PUL ☐Viability/Dating < 14 weeks ☐Nuchal Translucency measurement (11-13.6 weeks)

☐ Fetal Echo Doppler (22-24 wks) COH7/MoBap locations only _____

☐ Nuchal Translucency measurement (11-13.6 weeks) ☐ First Trimester Anatomy-COH7/MoBap locations only _____

☐ Standard (gestational age assignment/anatomic survey) (19–20 weeks) with transvaginal if < 24 wks

☐ 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

☐ Growth/Repeat (re-evaluation fetal size and/or re-examination of specific organs(s) known or suspected to be abnormal)

☐ Biophysical profile (NSTs performed only at Center for Outpatient Health and Missouri Baptist Medical Center)

☐ Cervical length ☐ Umbilical and/or fetal doppler

☐ Limited – AFV, fetal position, placental location, FHM, rule out ectopic, other:

DIAGNOSTIC TESTING ☐ Amniocentesis (15–20 weeks) ☐ CVS (10–13 weeks) ☐ Fetal lung maturity
(Authorization may be required, please verify with the insurance company. Blood type is required.)

GENETIC COUNSELING ☐Pre-conception counseling ☐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):

☐ Pre-pregnancy consult ☐One-time MFM consult ☐MFM consult & subsequent co-management of care
☐ Transfer of care ☐Fetal care

Required - Physician signature:	Date:

**Specialty services provided by Washington University Physicians in Illinois, Inc* OB_7.25