

WASHINGTON UNIVERSITY OBGYN

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)
South County CAM	Wednesday 8 am – 4 pm (Ultrasound)
Carbondale, IL	Monday – Friday 8 am – 4 pm (Ultrasound & TeleMFM)

Ultrasounds at: **Shiloh, IL**

- | | |
|--|---|
| <ul style="list-style-type: none"> Gynecologic Ultrasound (TA and/or TV) (age 14+) Viability/Dating < 14 weeks First Look (11-13.6 weeks) – Nuchal Translucency measurement 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**

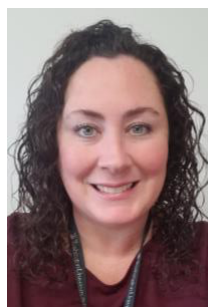
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|--|---|
| <ul style="list-style-type: none"> Gynecologic Ultrasound (TA and/or TV) (age 14+) Viability/Dating < 14 weeks Standard (gestational age assignment/anatomic survey) (20 weeks) with transvaginal if < 24 wks Specialized (anatomic survey: AMA; IDDM; drug exposure; elevated BMI; presence of ultrasound markers; MC twins; etc.) with transvaginal if < 24 wks | <ul style="list-style-type: none"> 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**

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| <ul style="list-style-type: none"> Gynecologic Ultrasound (TA and/or TV) (age 14+) Rule out Ectopic/PUL Viability/Dating < 14 weeks First Look (11-13.6 weeks) – Nuchal Translucency measurement / Include counseling if needed Standard (gestational age assignment/anatomic survey) (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; elevated BMI; etc.) with transvaginal if < 24 wks cffDNA Genetic Counseling | <ul style="list-style-type: none"> 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) CVS (10–13 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 hist. of anomalies)
FLK	IMG2912	First Look (11-13.6 weeks GA)-Nuchal Translucency measurement
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 6 Months 1 Year Approx.

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 it 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.

**WASHINGTON UNIVERSITY
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: <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"/> First Look (11-13.6 weeks) – Nuchal Translucency measurement / Include counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No <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"/> 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"/> First Look 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"/> OB consult	<input type="checkbox"/> 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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**Specialty services provided by Washington University Physicians in Illinois, Inc*