# WASHINGTON UNIVERSITY OBGYN
## Maternal Fetal Medicine - Ultrasound Services & Locations

**Shiloh, IL**  
Thursday 8 am – 4 pm (Ultrasound & MFM)  
Friday 8 am – 4 pm (Ultrasound)

<table>
<thead>
<tr>
<th>Location</th>
<th>Operating Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress West</td>
<td>Thursday 8 am – 12 pm (Ultrasound)</td>
</tr>
<tr>
<td>South County CAM</td>
<td>Wednesday 8 am – 4 pm (Ultrasound)</td>
</tr>
</tbody>
</table>

**Shiloh, IL**

- Gynecologic Ultrasound (TA and/or TV)
- 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
- Specialized (anatomic, AMA; IDDM; drug exposure; presence of ultrasound markers; MC twins)
- 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

**Progress West & South County CAM**

- Gynecologic Ultrasounds (TA and/or TV)
- Viability/Dating < 14 weeks
- Standard (gestational age assignment/anatomic survey) (19–20 weeks) with transvaginal if < 24 wks
- Specialized (anatomic, AMA; IDDM; drug exposure; presence of ultrasound markers; MC twins)
- 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

**Center for Outpatient Health (COH7) & MoBap**

- Gynecologic Ultrasound (TA and/or TV)
- 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) with transvaginal if < 24 wks
- cffDNA
- Genetic Counseling
- 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:
  - SIS (Saline Infusion Sonography)
  - Amniocentesis (15–20 weeks)
  - CVS (10–13 weeks)
- Fetal Care (COH7 ONLY)
### **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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMT</td>
<td>IMG2909- OB US LIMITED</td>
</tr>
<tr>
<td>RPT</td>
<td>IMG2910- US OB FOLLOW UP</td>
</tr>
<tr>
<td>STN</td>
<td>IMG2907- US OB 14 WEEKS OR OVER</td>
</tr>
<tr>
<td>SPC</td>
<td>IMG534- OB US DETAIL FETAL ANATOMY SINGLE OR FIRST GESTATION</td>
</tr>
<tr>
<td>FLK</td>
<td>IMG2912</td>
</tr>
<tr>
<td>CVS</td>
<td>IMG562</td>
</tr>
<tr>
<td>AMNIO</td>
<td>IMG2712</td>
</tr>
<tr>
<td>MISC LAB cffDNA</td>
<td>LAB000</td>
</tr>
<tr>
<td>GYN/Pelvic</td>
<td>IMG2722- US PELVIS COMPLETE</td>
</tr>
<tr>
<td>SIS</td>
<td>IMG2721- US SONOHYSTEROGRAPHY</td>
</tr>
<tr>
<td>GC</td>
<td>AMB Referral to OB GENETIC COUNSELING (do NOT use IMG9999). Process see next pg.</td>
</tr>
</tbody>
</table>

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

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.

Updated March 2022
WASHINGTON UNIVERSITY
MATERNAL-FETAL MEDICINE
ULTRASOUND REFERRAL ORDER FORM
FOR NON-EPIC USERS

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 ☐ 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

<table>
<thead>
<tr>
<th>LMP:</th>
<th>EDD:</th>
<th>EDD based on LMP/Ultrasound/Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI:</td>
<td>Number of fetuses:</td>
<td></td>
</tr>
</tbody>
</table>

☐ Rule out Ectopic/PUL ☐ Viability/Dating < 14 weeks
☐ First Look (11-13.6 weeks) – Nuchal Translucency measurement / Include counseling: ☐ Yes ☐ No
☐ 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 ☐ First Look 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 ☐ OB consult ☐ Co-management of care ☐ Transfer of care ☐ Fetal care

Required - Physician signature: Date:

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