

# WASHINGTON UNIVERSITY OBGYN

## Maternal Fetal Medicine - Ultrasound Services & Locations

<b>Shiloh, IL</b>	Thursday 8 am – 4 pm (Ultrasound & MFM) Wednesday & Friday 8 am – 4 pm (Ultrasound)
<b>Progress West</b>	Thursday 8 am – 12 pm (Ultrasound)
<b>South County CAM</b>	Wednesday 8 am – 4 pm (Ultrasound)
<b>Carbondale, IL</b>	Monday – Friday 8 am – 4 pm (Ultrasound & TeleMFM)

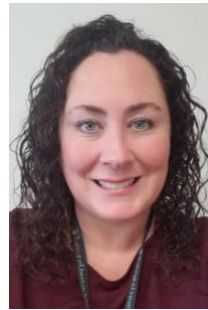
<b>Ultrasounds at: Shiloh, IL</b>	
<ul style="list-style-type: none"> <li>Gynecologic Ultrasound (TA and/or TV)</li> <li>Viability/Dating &lt; 14 weeks</li> <li>First Look (11-13.6 weeks) – Nuchal Translucency measurement</li> <li>Standard (gestational age assignment/anatomic survey) (20 weeks) with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

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

<b>Ultrasounds at: Center for Outpatient Health (COH7) &amp; MoBap</b>	
<ul style="list-style-type: none"> <li>Gynecologic Ultrasound (TA and/or TV)</li> <li>Rule out Ectopic/PUL</li> <li>Viability/Dating &lt; 14 weeks</li> <li>First Look (11-13.6 weeks) – Nuchal Translucency measurement / Include counseling if needed</li> <li>Standard (gestational age assignment/anatomic survey) (20 weeks) with transvaginal if &lt; 24 wks</li> <li>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 &lt; 24 wks</li> <li>cffDNA</li> <li>Genetic Counseling</li> </ul>	<ul style="list-style-type: none"> <li>Growth/Repeat (re-evaluation fetal size and/or re-examination of specific organs(s) known or suspected to be abnormal)</li> <li>Biophysical profile (NSTs performed only at COH7 &amp; MoBap)</li> <li>Cervical length</li> <li>Umbilical and/or fetal Doppler</li> <li>Limited – AFV, fetal position, placental location, FHM, rule out ectopic, other</li> <li>SIS (Saline Infusion Sonography)</li> <li>Amniocentesis (15–20 weeks)</li> <li>CVS (10–13 weeks)</li> <li>Fetal Care (COH7 ONLY)</li> </ul>



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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

<b>LMT</b>	<b>IMG2909</b> - OB US LIMITED	<i>Check Viability, PUL, Check Placenta, Dopplers or BPP's, Completion of Anatomic Survey</i>
<b>RPT</b>	<b>IMG2910</b> - US OB FOLLOW UP	<i>Check growth along with BPP and or Dopplers</i>
<b>STN</b>	<b>IMG2907</b> - US OB 14 WEEKS OR OVER	<i>Anatomic Survey routine low risk</i>
<b>SPC</b>	<b>IMG534</b> - OB US DETAIL FETAL ANATOMY SINGLE OR FIRST GESTATION	<i>Anatomic Survey high risk (AMA, BMI over 35, ART, IDDM, and family hist. of anomalies)</i>
<b>FLK</b>	<b>IMG2912</b>	<i>First Look (11-13.6 weeks GA)-Nuchal Translucency measurement</i>
<b>CVS</b>	<b>IMG562</b>	<i>Chorionic Villus Sampling (10-13.6 weeks GA)/include counseling</i>
<b>AMNIO</b>	<b>IMG2712</b>	<i>Amniocentesis (&gt;/=15 weeks GA)/include counseling</i>
<b>MISC LAB cffDNA</b>	<b>LAB000</b>	<i>Cell Free Fetal DNA</i>
<b>GYN/Pelvic</b>	<b>IMG2722</b> - US PELVIS COMPLETE	<i>Non-pregnant pelvic ultrasound</i>
<b>SIS</b>	<b>IMG2721</b> - US SONOHYSTEROGRAPHY	
<b>GC</b>	<b>AMB Referral to OB GENETIC COUNSELING</b> (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

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 <input type="checkbox"/> Yes - If yes, language:		<input type="checkbox"/> No	
Patient address:			
Patient home phone:		Patient alternate phone:	
<b>*Required*</b> 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:			
<b>DIAGNOSTIC TESTING</b> <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>			
<b>GENETIC COUNSELING</b> <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):			
<b>MATERNAL-FETAL MEDICINE</b>		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	

Required - Physician signature:

Date:

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