

Patient Name: _____

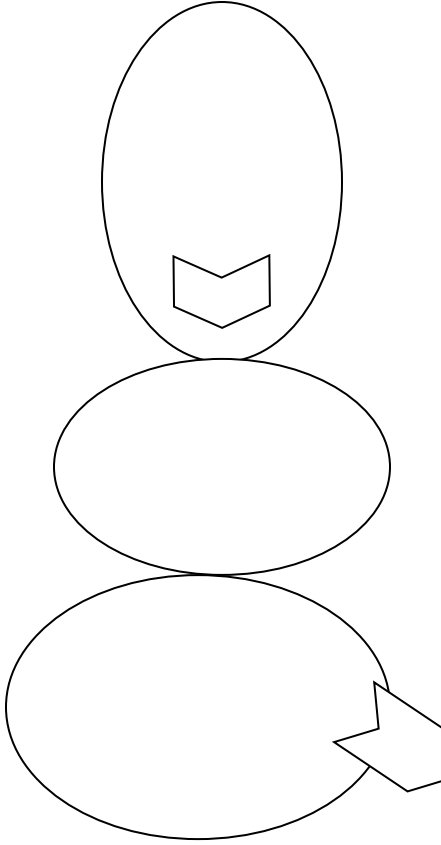
Previous exam: _____

Date of birth: _____ Technologist: _____

OB 2nd & 3rd TRIMESTER LIMITED ULTRASOUND

Ordering Physician: _____ LMP: _____ EDD: _____

Clinical Info: _____

<p>Fetal Number:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single <input type="checkbox"/> Multiple <p>Presentation / Position:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Transverse <input type="checkbox"/> Oblique <p>Fetal Heart Rate: _____ BPM</p> <p>Amniotic Fluid: AFI: _____ cm</p> <ul style="list-style-type: none"> <input type="checkbox"/> Normal <input type="checkbox"/> Polyhydramnios <input type="checkbox"/> Oligohydramnios <p>Placenta Location:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Right Lateral <input type="checkbox"/> Left Lateral <input type="checkbox"/> Fundal <input type="checkbox"/> Previa (Marginal, Partial, Complete) <p>Maternal Anatomy:</p> <p>Cervical Length: _____ cm</p>	<p style="text-align: center;">Uterus / Placenta / Fetus</p>  <p style="text-align: center;">Longitudinal</p>	<p>Fetal Anatomic Survey: (Check those that are normal)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4 chamber heart <input type="checkbox"/> Left sided stomach <input type="checkbox"/> 2 kidneys <input type="checkbox"/> Urinary bladder
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Other comments: _____

Routine, no immediate call back necessary

Call report to: _____ Number or Pager: _____