

WASHINGTON UNIVERSITY OBGYN

Maternal Fetal Medicine - Ultrasound Services & Locations

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

Friday 8 am – 4 pm (Ultrasound)

Progress West Thursday 8 am – 12 pm (Ultrasound)

South County CAM Wednesday 8 am – 4 pm (Ultrasound)

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)



Carrie Gower
MFM & Fetal Care
Practice Manager
(314) 747-8379
Cell: (618) 719-1675
Fax: (314) 747-1429
cgower@wustl.edu



Jessica Bergmann
Ultrasound Clinic Manager
(314) 747-5316
Cell: (314) 766-2520
Fax: (314) 273-3530
jessica.m.bergmann@wustl.edu

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		<i>Check Viability, PUL, Check Placenta, Dopplers or BPP's, Complete Anatomic Survey</i>
RPT	IMG2910- US OB FOLLOW UP		<i>Check growth along with BPP and or Dopplers</i>
STN	IMG2907- US OB 14 WEEKS OR OVER		<i>Anatomic Survey that's low risk</i>
SPC	IMG534- 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>
FLK	IMG2912	<i>First Look (11-13.6 weeks GA)-Nuchal Translucency measurement</i>	
CVS	IMG562	<i>Chorionic Villus Sampling (10-13.6 weeks GA)/include counseling</i>	
AMNIO	IMG2712	<i>Amniocentesis (>/=15 weeks GA)/include counseling</i>	
MISC LAB cffDNA	LAB000	<i>Cell Free Fetal DNA</i>	
GYN/Pelvic	IMG2722- US PELVIS COMPLETE	<i>Non-pregnant pelvic ultrasound</i>	
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.

Where should this order be performed? **Washington University (All Locations)**

Please select the performing department: **WU OB US PWC**

Sched Inst: **Please arrive with a full bladder**

Process Inst: **Outpatient radiology order priorities:**

Schedule ASAP, Read ASAP - To be used for patients with a clinic appointment today or patient/MD awaiting results.

Schedule ASAP, Read routine - To be used for patient convenience when patient lives out of area.

Routine and future appointments

Comments: **CPT 7605**

Last Resulted: **Order #106879369
Ordered: 8/29/18 11:44 AM
Resulted: 8/29/18 7:05 PM
Collected: 8/29/18 1:13 PM**

Component	Value	Units	Flag
1. ESTIMATED FETAL WEIGHT	643	g&grams	
2. FETAL PRESENTATION	Vertex		
3. FETUS#	Fetus1		

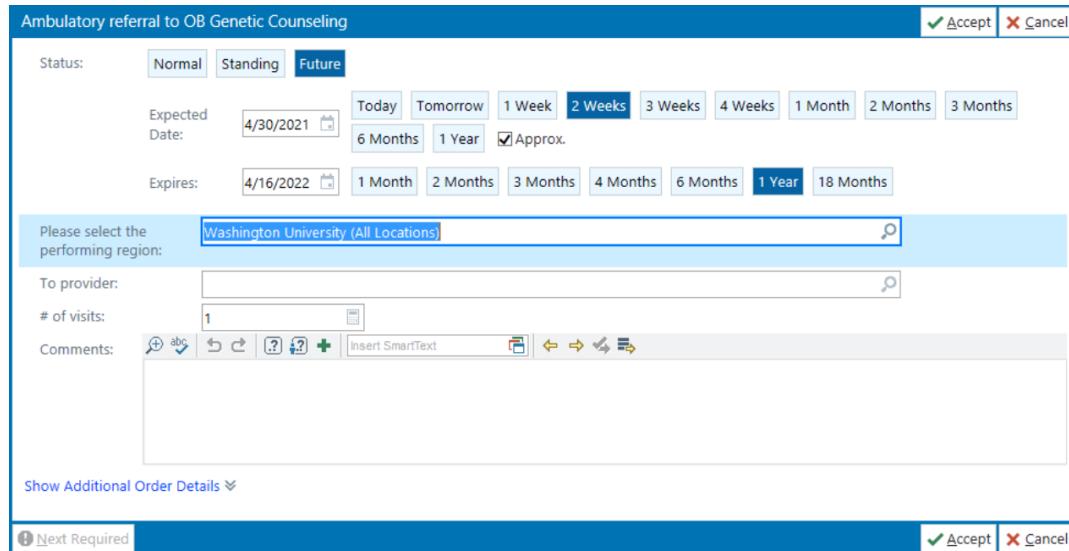
Reason for Exam: **1**

Reason for Exam (Free Text): **1**

CC Results: **Recipient**

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:

Expected Date: Approx.

Expires:

Please select the performing region:

To provider:

of visits:

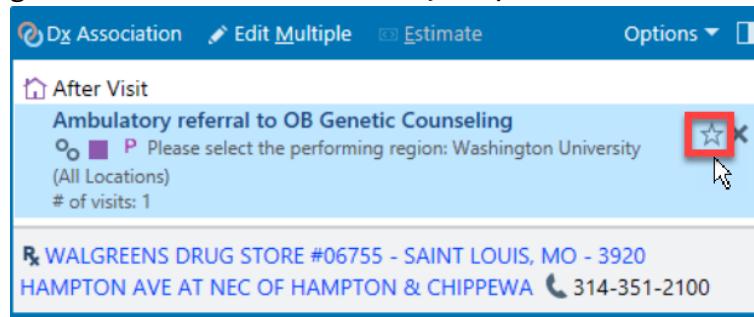
Comments:

Show Additional Order Details

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



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:		
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"/> 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):				
GYNCOLOGIC 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

Required - Physician signature:

Date: