

McLaren Medical Group
Obstetrical Ultrasound

Patient Name: _____ Date of Birth: _____ Date: _____

Ordering Physician: _____

_____ Complete OB (76805)	Diagnosis: _____
_____ Limited OB (76815)	Diagnosis: _____
_____ Follow Up OB(76816)	Diagnosis: _____
_____ Multiple Gest. (76810)	Diagnosis: _____
_____ Transvaginal (76817)	Diagnosis: _____

Age _____ G _____ P _____ LMP _____

Measurements:	Ratios:	# of Fetuses _____
CRLmm/wks _____	CI _____ (70-86)	Presentation _____
BPDmm/wks _____	FL/BPD _____ (-)	Cardiac Motion
OFDmm/wks _____	FL/AC _____ (-)	____ Yes ____ No
HC cm _____	HC/AC _____ (-)	Amniotic Fluid
AC cm _____	EFW gms _____	____ Normal ____ Increased
FL cm _____	% _____	____ Decreased

Fetal Anatomy	Identified	Not Identified	Comments
Ventricles			
Spine			
4 Chamber Heart			
Stomach			
Kidneys			
Bladder			
3 Vessel Cord			
Cord Insertion			

Placental Location _____ Grade _____ Previa ____ Yes ____ No

Comments _____

EDC by LMP _____ EDC by SONO _____

Performed by: _____ Date/Time: _____

Physician Comments: _____

Physician Signature: _____ Date/Time: _____

McLaren Medical Group
Gynecological Ultrasound

Patient Name: _____ Date: _____

Ordering Physician: _____

_____ Complete Pelvic	(76856)	Diagnosis: _____
_____ Transvaginal	(76830)	Diagnosis: _____
_____ Limited/Follow-up	(76857)	Diagnosis: _____
_____ Sonohysterogram	(58340)	Diagnosis: _____

AGE: _____ LMP: _____ G _____ P _____

Previous Surgery: _____

MEASUREMENTS

Uterus: _____

Endometrial Canal: _____

Right Ovary: _____

Left Ovary: _____

Comments: _____

_____ Abdominal _____ Vaginal Probe

Performed By: _____ Date: _____

Physician Comments: _____

Physician Signature: _____ Date/Time: _____