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BOOK BY PHONE, FAX, TEXT MESSAGE OR EMAIL

OBSTETRICAL REQUISITION FORM

Phone: 780-540-9940 | Fax: 780-540-9939 Email: info@milestonesdiagnostics.ca SMS only: 825-522-0188 Website: milestonesdiagnostics.ca 16508 118 Avenue NW, Edmonton Alberta, T5V1C8

PATIENT AND APPOINTMENT INFORMATION CLINICAL HISTORY G _ P _ A _ L _ Alberta UL: Refugee Armed Forces Out of Province (which and) CLINICAL HISTORY G _ P _ A _ L _ Refugee Armed Forces Out of Province (which and) Other Healthcare ff: DOB (dd/mm/yyyy): Name (first, last): Phone: LMP:			16508 118 Avenue NVV, Edmor	18 Avenue NVV, Edmonton Alberta, 15V1C8	
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Pronouns: Phone: LMP:	DOB (dd/mm/yyyy):				
LMP EDD: City/Province: Postal Code: When do you want the exam performed? /// the request is for 2nd opinon regarding a prior ultrassound please kindly include the datalis of where and when the prior exam was done. REFERENING PROVIDER /// the request is for 2nd opinon regarding a prior ultrassound please kindly include Ref. Provider Name: // the request is for 2nd opinon regarding a prior ultrassound please kindly include the datalis of where and when the prior exam was done. Prior ultrassound location and date: PRAC ID: Direct Phone:	Name (first, last):				
City/Province: Postal Code: When do you want the exam performed?	Pronouns:	Phone:			
If the request is for 2nd opinion regarding a prior ultrasound, please kindly include the details of where and when the prior exam was dane. ReF.PRNING PROVIDER Ref. Provider Name: PRAC ID: Direct Phone: Clinic Name / Address: Email: Case Fax: To support the needs of our community, we are pleased to provide both low-risk and high-risk obstetrical imaging services at our clinic. Kindly select the desired exam(s) under either Option 1: General Obstetrics or Option 2: Community Maternal Fetal Medicine Please refer to the reverse side for considerations regarding the exams available. I. GENERAL OBSTETRICAL ULTRASOUND Intended for low-risk patients who only require imaging. Images are reviewed by a Radiologist, or Perinatologist/MFM. Singleton Twins Dating/Viability < 8 weeks	Address:	Email:	LMP:	EDD:	
REFERING PROVIDER the details of where and when the prior exam was date. Ref. Provider Name: Prior ultrasound exam Prenatal records attached NIPS completed Prior ultrasound location and date: Prior ultrasound location and date:	City/Province:	Postal Code:	When do you want the exam pe	erformed?	
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Direct Phone: Prior ultrasound location and date:			\Box Prior ultrasound exam \Box Prenatal records attached \Box NIPS completed		
Clinic Name / Address: STAT FAX REPORT Email: Date of Requisition: Fax: Cc report to: To support the needs of our community, we are pleased to provide both low-risk and high-risk obstetrical imaging services at our clinic. Kindly select the desired exam(s) under either Option 1: General Obstetrics or Option 2: Community Maternal Fetal Medicine Please refer to the reverse side for considerations regarding the exams available. I. GENERAL OBSTETRICAL ULTRASOUND Intended for low-risk patients who only require imaging. Images are reviewed by a Radiologist, or Perinatologist/MFM. Singleton Twins Unknown Cervical Assessment - A one time assessment consisting of cervical length and limited fetal views Dating/Viability > 8 weeks 2 rd Trimester Growth Assessment <28 weeks			Prior ultrasound location and date:		
Email: Date of Requisition: Signature Fax: Cc report to: Signature To support the needs of our community, we are pleased to provide both low-risk and high-risk obstetrical imaging services at our clinic. Kindly select the desired exam(s) under either Option 1: General Obstetrics or Option 2: Community Maternal Fetal Medicine Please refer to the reverse side for considerations regarding the exams available. I. GENERAL OBSTETRICAL ULTRASOUND Intended for low-risk patients who only require imaging. Images are reviewed by a Radiologist, or Perinatologist/MFM. Singleton Twins Unknown Bating/Viability < 8 weeks or uncertain dates may include endovaginal ultrasound					
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L Full Series - Dating, IT, IZ, IZ includes NT, Detailed	□ Singleton □ Twins □ DCDA □ MCDA □ Unknown		consisting of cervical length and viability evaluation +/- endovaginal exam		
Anatomy and 3rd Trimester growth if required Line 16-24 Week Cervical Surveillance for pre-term labour risk management					
\Box Dating/Viability < 8 weeks or uncertain dates \Box 2 nd Trimester Detailed Fetal Anatomy +/- uterine art. dopplers	Anatomy and 3rd Trimester growth if required				

- \Box 2nd Trimester Growth Assessment <28 weeks +/- uterine art. dopplers
- \Box 3rd Trimester Growth with BPP Assessment >28 weeks
- □ 3rd Trimester Limited **BPP only >28 weeks** (no biometry)

□ 3rd Trimester Limited Intended for limited images i.e. fetal position only Reason/Clinical Question:

□ Add Pre-Term labour risk assessment

□ Add Pre-Eclampsia/FMF risk calculation assessment

may include endovaginal ultrasound

□ Ist Trimester Anatomy/Nuchal Translucency

□ Dating/Viability >8 weeks

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PATIENT INFORMATION AND EXAM PREPARATION

- There is free patient parking onsite for your convenience.
- Please arrive 15 minutes prior to your exam time.
- Please bring your Healthcare card and a piece of identification with this form.
- For refugees or Canadian Armed Forces members, please bring your Medavie Blue Cross certificate.
- If you have any questions or need to cancel or change your appointment, please contact us at 780-540-9940. Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be charged a \$75.00 fee.
- Only one adult is recommended to accompany the patient. Should children attend the appointment, their care will be the full responsibility of their accompanying family members. As a result, the accompanying adult may need to wait with the child(ren) in waiting area during a portion or the entirety of the exam.
- We reserve the right to shorten or deny the examination for instances of late arrival to the appointment, concerns related to child supervision, or any behavior deemed inappropriate or disrespectful towards staff or other patients.
- Please be advised that we maintain a scent-free environment at our clinic. Please refrain from wearing cologne or perfume.

ULTRASOUND EXAM PREPARATION:

Please be advised that for all obstetrical ultrasounds a full bladder is NOT required. It is important to remain well-hydrated, and we recommend that you consume 2 glasses of water prior to your exam. You may use the restroom as needed. Continue your regular routine regarding meals, hydration, and medications. We ask that you refrain from wearing restrictive clothing. If you are wearing clothing with a waistband, please ensure the waistband is loose and flexible. Please avoid applying lotions and cream or oils on your abdomen before your exam, as this may impact the quality of the ultrasound image.



SCAN ME for more information

REFERRING PROVIDER INFORMATION

Community MFM Imaging Considerations

Patient Factors - Patient factors may include but are not limited to:

- Maternal age >40 years
- BMI >45
- Maternal health condition or medication
- Assessment of cervix and/or cerclage is required
- GDM, DM I or II, CHTN, GHTN
- IVF/ICSI/RPL

Prior Pregnancy History – Prior history factors may include but are not limited to:

- Prior pregnancy with an anomaly
- Prior Fetal Growth Restriction
- Prior fetal/neonatal death
- Prior cervical insufficiency or prior loss Prior abnormal placental
- Prior preterm delivery <37weeks
- Prior trauma related to ultrasound or medical trauma
- Multiple pregnancy
 - Pelvic pathology
 - Risk of placenta previa/acreta
 - pathology
- Prior Imaging in Current Pregnancy Prior imaging factors in current pregnancy may include but are not limited to:
 - Prior ultrasound shows or suspects an anomaly
 - Prior ultrasound shows or suspects abnormal dopplers
 - Prior ultrasound shows or suspects fetal growth restriction
 - Prior ultrasound or NST shows fetal arrhythmia
 - · A second opinion is being requested

Uterine Doppler Considerations

General Obstetric Imaging Considerations

• No known factors that could impact the outcome of the pregnancy

• Prior preeclampsia, IUGR, IVF, AMA, chronic hypertension, abnormal analytes.

Limited Ultrasound*

This ultrasound is specifically designed for patients seeking a limited evaluation, such as determining fetal position only. Please note that no fetal anatomy review, no biometry and no BPP will be performed. If these additional assessments are required, we kindly ask that this exam not be selected.

Please be advised that in the event unexpected findings observed during a limited obstetrical ultrasound exam, the technologist may offer to obtain additional images. We strive to be considerate of patients' preferences and will only extend the exam if thought to be medically relevant to the patient's and fetus' safety.