

OBSTETRICAL REQUISITION FORM

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PATIENT AND APPOINTMENT INFORMATION

Alberta ULI:

☐ Refugee ☐ Armed Forces ☐ Out of Province (which one)

Other Healthcare #:

DOB (dd/mm/yyyy):

Name (first, last):

Pronouns:

Phone:

Address:

Email:

City/Province:

Postal Code:

REFERRING PROVIDER

Ref. Provider Name:

PRAC ID:

Direct Phone:

Clinic Name / Address:

Email:

Fax:

CLINICAL HISTORY

G ___ P ___ A ___ L ___

LMP: _____

EDD: _____

When do you want the exam performed? _____

If the request is for 2nd opinion regarding a prior ultrasound, please kindly include the details of where and when the prior exam was done.

☐ Prior ultrasound exam ☐ Prenatal records attached ☐ NIPS completed

Prior ultrasound location and date: _____

☐ STAT FAX REPORT

Date of Requisition:

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

☐ **Full Series** - Dating, NT, Detailed Fetal Anatomy

☐ Dating/Viability < 8 weeks or uncertain dates may include endovaginal ultrasound

☐ Dating/Viability >8 weeks

☐ 1st Trimester Anatomy/Nuchal Translucency

☐ 2nd Trimester Detailed Fetal Anatomy

☐ 2nd Trimester Detailed Fetal Anatomy with Uterine Artery Dopplers

☐ **Cervical Assessment-** A one time assessment consisting of cervical length and limited fetal views

☐ 2nd Trimester Growth Assessment <28 weeks

☐ Add on Uterine Artery Dopplers

☐ 3rd Trimester Growth with BPP Assessment >28 weeks

☐ 3rd Trimester BPP only (no biometry)

Limited Ultrasound*

☐ No BPP, No Biometry

Intended for limited images i.e. fetal position only

Reason/Clinical Question:

2. MATERNAL FETAL MEDICINE OBSTETRICAL ULTRASOUND *MFM services are provided on-site at our community clinic, and images are evaluated by a Perinatologist/MFM. Consultation and review with the patient may also be included. Referrals for fetal echocardiography or other fetal services may be initiated directly by our interpreting physician. Follow up US rebooked as needed.*

☐ Singleton ☐ Twins ☐ DCDA ☐ MCDA ☐ Unknown

☐ **Full Series** - Dating, T1, T2, T3 includes NT, Detailed Anatomy and 3rd Trimester growth if required

☐ Dating/Viability < 8 weeks or uncertain dates may include endovaginal ultrasound

☐ Dating/Viability >8 weeks

☐ 1st Trimester Anatomy/Nuchal Translucency

☐ Add Pre-Eclampsia/FMF risk calculation assessment

☐ Add Pre-Term labour risk assessment

☐ 16 week Early Anatomy for BMI >45, or prior anomalies or other significant risk factors or concerns

☐ **Cervical Assessment/Viability Ultrasound** - A one time assessment consisting of cervical length and viability evaluation +/- endovaginal exam

☐ 16-24 week Cervical Surveillance for pre-term labour risk management

☐ 2nd Trimester Detailed Fetal Anatomy +/- uterine art. dopplers

☐ 2nd Trimester Growth Assessment <28 weeks +/- uterine art. dopplers

☐ 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:

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 preterm delivery <37 weeks
- Prior trauma related to ultrasound or medical trauma
- Multiple pregnancy
- Pelvic pathology
- Risk of placenta previa/acreta
- Prior abnormal placental 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

General Obstetric Imaging Considerations

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

Uterine Doppler Considerations

- 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.