

Name: _____ Date: _____ EDC: _____

Referral indication: _____ Referring Prov: _____ LMP: _____

FIRST TRIMESTER SCREENING OPTIONS WITH NTD LABS

- _____ Nuchal Translucency Ultrasound (with First Trimester blood draw)
- _____ Nuchal Translucency Ultrasound (without blood draw)
- _____ IRA - Instant Risk Assessment (NT U/S with Same Day Results Consultation)

- Singleton Twins
- Triplets Other

OBSTETRICAL ULTRASOUND SCANS

MFM Consultations and/or Genetic Counseling (with diagnostic testing as indicated) are provided when warranted by unanticipated clinical findings.
Please check if you **DO NOT** wish to have this service provided:

FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER
<input type="checkbox"/> Viability	<input type="checkbox"/> Initial Anatomy (16-18wk) without blood draw	<input type="checkbox"/> Growth (w/BPP/Doppler if indicated)
	<input type="checkbox"/> Initial Anatomy (16-18wk) with: <input type="checkbox"/> Modified Sequential, or <input type="checkbox"/> MSAFP Only	<input type="checkbox"/> BPP (w/Doppler if indicated)
	<input type="checkbox"/> Detailed Anatomy (20-22wk)	<input type="checkbox"/> Cervical Length w/FFN
<input type="checkbox"/> Dating	<input type="checkbox"/> Cervical Length	<input type="checkbox"/> Cervical Length
	<input type="checkbox"/> Cervical Length w/FFN	<input type="checkbox"/> Placenta Location
	<input type="checkbox"/> Growth	<input type="checkbox"/> MCA Doppler <input type="checkbox"/> Umbilical Artery Doppler
	<input type="checkbox"/> Screening Fetal Echo	<input type="checkbox"/> Screening Fetal Echo
	<input type="checkbox"/> Limited Fetal Echo (PR-interval)	<input type="checkbox"/> Limited Fetal Echo (PR-interval)

PROCEDURES

- _____ Aminocentesis for Genetic Indication (Genetic Counseling Required)
- _____ Chronic Villous Sampling (CVS) (Genetic Counseling Required)
- _____ Multifetal Pregnancy Reduction—MFPR (Genetic Counseling Required)
- _____ Amniocentesis for Lung Maturity

CONSULTATIONS & GENETIC COUNSELING

- MFM Consult / Indication:

- Medical Geneticist Consult (MD Visit) / Indication:

- Genetic Counseling (Counselor Visit) / Indication:

- Diabetic Co-Management (includes consult and ongoing DM management)

GYN SCANS

- _____ Follicle Study
- _____ GYN Sono
- _____ Saline Infusion Sonohysterogram - SIS

Carnegie Imaging for Women accepts the following insurances. This list is subject to change. Please call to confirm a listed carrier or to inquire about other plans not listed here.

- Aetna
- HIP (non-Medicaid)
- GHI
- Cigna PPO/HMO/Great West
- Empires BCBS PPO/HMO
- Oxford (Freedom and Liberty)
- United Healthcare (no - Community, Medi-caid or Medicare plans)
- Oscar Health Plans

Provider Signature