

**OB/GYN Ultrasound of Puget Sound**  
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PATIENT REFERRAL

**Please fax front and back of patient insurance card, ALL records and registration information with referral**

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_ Fax#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home#: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Interpreter needed (specify language): \_\_\_\_\_

EDD: \_\_\_\_\_ **Diagnosis:** \_\_\_\_\_

**OBSTETRICAL EXAMS (WITH consult if abnormal)**

**1<sup>ST</sup> TRIMESTER (with TV exam if indicated):**

- ☐ **Size & Dates / Viability** (# of gestational sacs/fetuses, crown rump length, maternal UT, and adnexa)
- ☐ **1<sup>st</sup> Trimester Anatomy** (12w0d -13w6d, includes size and date images and visible anatomy)
- ☐ **Nuchal Translucency** (12w0d – 13w6d)

**2<sup>nd</sup> / 3<sup>rd</sup> TRIMESTER (with; UA/MCA doppler if indicated, TV exam if indicated):**

- ☐ **Limited** (one or more; fetal position, heartbeat, placental location, AFI)
- ☐ **TV Cervix** (transvaginal evaluation of the cervix)
- ☐ **Marker Study** (16-18 weeks)
- ☐ **Detailed exam** (20w0d)
- ☐ **Follow Up – Growth / Anatomy (select one)**
- ☐ **Complete** (assessment of growth and anatomy)
- ☐ **Fetal Echo** (22-24 weeks, only if prior anatomy US performed by MFM)
- ☐ **Biophysical Profile (BPP)**

**Pelvis (Non-OB)**

- ☐ **Pelvis complete** (includes transabdominal and transvaginal exam)
- ☐ **Transvaginal** (short term follow up of previous abnormalities on pelvis exam, day 5-9 of menses if evaluation for endometrial pathology)
- ☐ **Pelvis** (transabdominal only, no TV exam)