

Exam Date		Room #		Patient Name	
Tech Name		Tech Phone		DOB	
Ordering MD Name		Ordering MD Phone		MR#	
Nurse Name		Nurse Phone		(Sticker OR Fill-out)	

**Indication:** \_\_\_\_\_

- Fetal anatomy survey  
 Follow up \_\_\_\_\_  
 Biophysical Profile

G \_\_\_\_\_ P \_\_\_\_\_

LMP age: \_\_\_\_\_ weeks \_\_\_\_\_ days

EDC: \_\_\_\_\_ by LMP/ Prior SONO

Comparison US: \_\_\_\_\_

**Fetal Number:**  Singleton  Twins  \_\_\_\_\_ (for >1 indicate #chorion, #amnion, attach sheet for each fetus)

Presentation:  Vertex  Breech  Trans  Variable

Placenta:  Ant  Post  Fundal  R / L

Grade: 1 2 3

Previa:  None >2.5 cm from internal os

(0 - 2.5) \_\_\_\_\_ cm from internal os

Internal os partially / completely covered by \_\_\_\_\_ mm

Umbilical Cord:  3V  2V  nuchal

Fetal Heart Rate: \_\_\_\_\_ bpm

Amniotic Fluid:  nl  Hi  Lo AFI \_\_\_\_\_ cm

Maternal Adnexa:  Normal  Nonvisualized

**Biometry and Growth**

BPD: \_\_\_\_\_ cm \_\_\_\_\_ weeks \_\_\_\_\_ days

AC: \_\_\_\_\_ cm \_\_\_\_\_ weeks \_\_\_\_\_ days

GA by US: \_\_\_\_\_ weeks \_\_\_\_\_ days

EDD by US: \_\_\_\_\_

HC: \_\_\_\_\_ cm \_\_\_\_\_ weeks \_\_\_\_\_ days

FL: \_\_\_\_\_ cm \_\_\_\_\_ weeks \_\_\_\_\_ days

Estimated Fetal weight: \_\_\_\_\_ g \_\_\_\_\_ %

**BIOPHYSICAL PROFILE:**  Breathing: 2  Tone: 2  Movement: 2  Fluid: 2

Score  8/8  \_\_\_\_\_/8.

S/D ratio(s): \_\_\_\_\_  other: \_\_\_\_\_

Anatomy	Normal	Abnormal	Subopt.	Anatomy	Normal	Abnormal	Subopt
Cranium				LVOT			
Ventricles				RVOT			
Choroid				Aorta			
Cerebellum				Diaphragm			
CM				Stomach			
Face				Abd Wall			
Orbits				Kidneys			
Nose/Lips				Bladder			
Palate				Bowel			
4 Chamber				Spine			
Extremities				Hands/Feet			

**SUMMARY:** EGA by US: \_\_\_\_\_ weeks \_\_\_\_\_ days.  Normal  \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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