

US OB 2ND & 3RD TRI (LIMITED)

14 TO 40 WKS

DATE: ___/___/___

TECH: _____

ID #: _____

PATIENT NAME: _____ DOB: ___/___/___ SEX: M / F

ACUTE HX (location, duration, severity) :

LMP:

CHRONIC HX: _____

Diabetes HTN COPD CHF DVT

Smoking ETOH Obesity Renal Failure

Surgeries: _____

COMPARISON: YES · NO

DATE: _____

| | | | |
|---------------------------|--|-------------------------------------|---|
| EGA | _____ wks _____ days | BPD | _____ cm _____ Weeks _____ Days _____ % |
| EDD | ___/___/___ | HC | _____ cm _____ Weeks _____ Days _____ % |
| EFW | _____ grams _____ % | AC | _____ cm _____ Weeks _____ Days _____ % |
| PRESENTATION | CEPAHLIC/VERTEX · BREECH TRANSVERSE/OBLIQUE | FL | _____ cm _____ Weeks _____ Days _____ % |
| PLACENTAL POSITION | | | |
| PLACENTAL GRADE | 0 · 1 · 2 · 3 | | |
| AFI | _____ cm | | |
| AFI PERCENTILE | 0 to 5 th | 5 th to 50 th | |
| | 50 th to 95 th | 95 th to 100 | |

| | | |
|------------------------|-----------|----------|
| FETAL HR | _____ bpm | |
| MATERNAL UTERUS | Normal | Abnormal |
| CERVICAL LENGTH | _____ cm | |

Tech Summary:
