

# US OB UMBILICAL ARTERY DOPPLER

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

TECH: \_\_\_\_\_

ID #: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ACUTE HX** (location, duration, severity, surgery) :

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PRIOR: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ NONE

<b>DOPPLER RATIO</b>	_____
<b>GESTATIONAL AGE</b>	_____ WKS _____ DAYS
<b>Normal range 26-30 wks</b>	Less than 4.0
<b>Normal range 31-35 wks</b>	Less than 3.5
<b>Normal range 36-term</b>	Less than 3.0

Tech Summary:  

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