

PREPARATION INSTRUCTIONS ON REVERSE

### Patient and Appointment Information

Healthcare #/ULI: \_\_\_\_\_

DOB (M/D/Y): \_\_\_\_\_

Last name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pronouns: \_\_\_\_\_

### Dating

Date of Req.: \_\_\_\_\_

Current gestational: \_\_\_\_\_

LMP: \_\_\_\_\_ EDD: \_\_\_\_\_

### Referring Provider

Ref. Physician name: \_\_\_\_\_

PRAC ID: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Copy to Dr. \_\_\_\_\_

Fax copy to Dr. \_\_\_\_\_

Please attach copy of Prenatal Records

### Obstetrical Ultrasound\*

- Singleton     Twins     Unknown     BMI >40
  - Full Series – Dating – T1 – T2 – T3**  
(includes consultation and customized fetal/maternal surveillance plan)
  - Dating/Viability (7-10 weeks)**
  - 11<sup>2</sup> to 13<sup>5</sup> wk early anatomy\***  
Add:  Nuchal Translucency/Aneuploidy assessment  
 Pre-Eclampsia/IUGR assessment (includes MFM consultation)  
 Preterm labour risk assessment (includes MFM consultation)
  - 16 wk early anatomy by endovaginal US**  
(for BMI > 40, or high risk of anomaly)\*
  - 18-22 wk mid-trimester Detailed Fetal Anatomy**  
(includes cervical length)
  - 16-24 wk cervical surveillance** for preterm labour risk management  
(every 2 wk)\*
  - Cervical length (one off)**
  - Third trimester **Growth\*** and **BPP** (from 23-24 wk) and automatic follow up as clinically indicated according to MFM/OBGYN
  - BPP Biophysical Profile only (no fetal biometry) +/- NST on site available**
  - Presentation/placental location assessment\***
  - Limited examination\*: \_\_\_\_\_
  - 2nd opinion: \_\_\_\_\_
- \* Add automatic MFM consultation or visit for any abnormal fetal result or significant maternal risk factor

### Significant Clinical History or Instructions:

\_\_\_\_\_

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\_\_\_\_\_

**Please Note:** Results will be discussed directly with the patient with the onsite Maternal Fetal Medicine Team at time of exam. In the event of an abnormal ultrasound result requiring urgent referral to an additional medical specialty, I would prefer (please choose one):

- Milestones Diagnostics physician initiates the referral, and I am copied;    or     I am informed and will manage the referral

In the event of an abnormal ultrasound that requires either urgent non-surgical treatment or further obstetrical management, the referring physician will be contacted by phone to discuss best management (if time allows).

# PATIENT EXAM PREPARATION INSTRUCTION

- Please arrive **10 minutes early** to your appointment. Late arrivals may lead to an exam reschedule.
- Bring your healthcare card and Photo Identity card (ex: driver's license)
- You may bring one accompanying person in the ultrasound room with you.
- During your visit, digital copies of select ultrasound images will be available.
- Please visit [www.milestonesdiagnostics.ca](http://www.milestonesdiagnostics.ca) for more information.

## ○ Dating Obstetrical Ultrasound

No preparation is required

## ○ Early Fetal Anatomy Assessment

- Ensure that you are well hydrated (2-3 glasses of water in the 3 hours prior to examination).
- The goal is to have a half full to full bladder at time of appointment.

## ○ 16 wk Endovaginal Detailed Fetal Anatomy Assessment

No preparation is required

## ○ Mid-trimester Detailed Fetal Anatomy Assessment

- Ensure that you are well hydrated
- We do not need a full bladder

## ○ Cervical Length Serial Surveillance

- No preparation is required.
- Bladder should be emptied just prior to examination.

## ○ Second or Third Trimester Fetal Growth and Wellbeing Assessment / BPP

- 32 weeks or less gestation.
  - Ensure that you are well hydrated.
- Greater than 32 weeks gestation
  - No preparation is required

## ○ Fetal Presentation Assessment

No preparation is required

## ○ Placenta Placement Assessment

No preparation is required



### Phone

780-540-9940

### Fax

780-540-9939

### Email

[info@milestonesdiagnostics.ca](mailto:info@milestonesdiagnostics.ca)

### Website

[milestonesdiagnostics.ca](http://milestonesdiagnostics.ca)

### Location

16508 118 Avenue NW  
Edmonton, Alberta, T5V 1C8

*Free parking on site*

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If you have any questions about your exam, exam preparation, or need to change your appointment, please contact: Central Booking at 780-540-9940.

If you are unable to keep your appointment, call to cancel it. Patients who miss their appointment and fail to cancel 24 hours prior to their exam may be charged a \$25.00 fee.

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**SCAN ME FOR  
EXAM INSTRUCTIONS**

