

Documentation of Ultrasound

Name: _____

Medical Record #: _____

Tape Sonogram picture(s) here

INDICATIONS:

- Prior to medication abortion (MAB)
 - hormonal contraception (Past 3m)
 - uncertain LMP or no menses
 - irregular cycles/cycle length >35d
 - teaching
 - size-dates discrepancy
 - IUD at follow up
 - bleeding
 - 11 weeks or greater by LMP
- Post MAB
 - continuing pregnancy symptoms
 - HCG not declining
 - uncertainty with history
- Prior to aspiration abortion
- Post aspiration abortion
- Prenatal
 - hormonal contraception (Past 3m)
 - uncertain LMP
 - lactation
 - irregular cycles/cycle length >35d
 - 1st tri bleeding/threatened abortion
 - teaching
 - size-dates discrepancy
- IUD localization
- Other _____

FINDINGS:

- Gestational Sac _____mm (MSD)
- CRL _____mm
- Yolk Sac
- Fetal Heart
- Other _____

GS: _____mm+30 = _____ Gestational age (days)

CRL: _____mm+42= _____ Gestational age (days)

Dating by Hadlock: _____

For Pregnancy dating:

1st Tri, use crl +42 until crl=25, after crl >25 use hadlock

EDD _____

Scan

Provider signature _____

Date _____