

Name: \_\_\_\_\_ Date: \_\_\_\_\_ EDC: \_\_\_\_\_

Referral indication: \_\_\_\_\_ Referring Prov: \_\_\_\_\_ LMP: \_\_\_\_\_

**FIRST TRIMESTER SCREENING OPTIONS WITH NTD LABS**

- \_\_\_\_\_ Nuchal Translucency Ultrasound (with First Trimester blood draw)
- \_\_\_\_\_ Nuchal Translucency Ultrasound (without blood draw)
- \_\_\_\_\_ IRA - Instant Risk Assessment (NT U/S with Same Day Results Consultation)

- Singleton  Twins
- Triplets  Other

**OBSTETRICAL ULTRASOUND SCANS**

MFM Consultations and/or Genetic Counseling (with diagnostic testing as indicated) are provided when warranted by unanticipated clinical findings.  
Please check if you **DO NOT** wish to have this service provided:

FIRST TRIMESTER	SECOND TRIMESTER	THIRD TRIMESTER
<input type="checkbox"/> Viability	<input type="checkbox"/> Initial Anatomy (16-18wk) without blood draw	<input type="checkbox"/> Growth (w/BPP/Doppler if indicated)
	<input type="checkbox"/> Initial Anatomy (16-18wk) with: <input type="checkbox"/> Modified Sequential, or <input type="checkbox"/> MSAFP Only	<input type="checkbox"/> BPP (w/Doppler if indicated)
	<input type="checkbox"/> Detailed Anatomy (20-22wk)	<input type="checkbox"/> Cervical Length w/FFN
<input type="checkbox"/> Dating	<input type="checkbox"/> Cervical Length	<input type="checkbox"/> Cervical Length
	<input type="checkbox"/> Cervical Length w/FFN	<input type="checkbox"/> Placenta Location
	<input type="checkbox"/> Growth	<input type="checkbox"/> MCA Doppler <input type="checkbox"/> Umbilical Artery Doppler
	<input type="checkbox"/> Screening Fetal Echo	<input type="checkbox"/> Screening Fetal Echo
	<input type="checkbox"/> Limited Fetal Echo (PR-interval)	<input type="checkbox"/> Limited Fetal Echo (PR-interval)

**PROCEDURES**

- \_\_\_\_\_ Aminocentesis for Genetic Indication (Genetic Counseling Required)
- \_\_\_\_\_ Chronic Villous Sampling (CVS) (Genetic Counseling Required)
- \_\_\_\_\_ Multifetal Pregnancy Reduction—MFPR (Genetic Counseling Required)
- \_\_\_\_\_ Amniocentesis for Lung Maturity

**CONSULTATIONS & GENETIC COUNSELING**

- MFM Consult / Indication:  
\_\_\_\_\_
- Medical Geneticist Consult (MD Visit) / Indication:  
\_\_\_\_\_
- Genetic Counseling (Counselor Visit) / Indication:  
\_\_\_\_\_
- Diabetic Co-Management (includes consult and ongoing DM management)

**GYN SCANS**

- \_\_\_\_\_ Follicle Study
- \_\_\_\_\_ GYN Sono
- \_\_\_\_\_ Saline Infusion Sonohysterogram - SIS

Carnegie Imaging for Women accepts the following insurances. This list is subject to change. Please call to confirm a listed carrier or to inquire about other plans not listed here.

- Aetna
- HIP (non-Medicaid)
- GHI
- Cigna PPO/HMO/Great West
- Empires BCBS PPO/HMO
- Oxford (Freedom and Liberty)
- United Healthcare (no - Community, Medi-caid or Medicare plans)
- Oscar Health Plans

\_\_\_\_\_  
Provider Signature