MUNSON HEALTHCARE

Form # 11809 (03/18)

MATERNITY FOLLOW-UP PHYSICIAN'S ORDERS

11809

DIAGNOSIS:

EDC:

Dear Dr. _____ Today's Date/Time: _____

Per your patient's recent visit, the MFM Specialist has recommended the following:

< 14 weeks Ultrasound + Nuchal Measurement and/or **1st Screen Integrated** (Between 11 & 13 weeks gestation)	_____ At 12 weeks
> 14 weeks Ultrasound	_____
Transvaginal (Cervical length)	Start at _____ weeks _____ q 2 weeks until _____ weeks _____ Weekly until _____ weeks
Detailed Ultrasound Complete Ultrasound 19-20 weeks (With Transvaginal as needed)	_____ At 19 weeks _____ At 20 weeks
Limited Ultrasound (Viability, suboptimal views)	Return in _____ weeks
Fetal Echocardiogram (And/or Repeat Echocardiogram)	_____ At 22 weeks or more, Routine Screening _____ ASAP/Suspected Fetal Heart Defect
Follow-Up Ultrasound (Growth, EFW, Check fetal status)	Return at _____ weeks _____ q 3-4 weeks _____ q 2 weeks
Doppler Middle Cerebral Artery (Risk of anemia/IUGR)	_____ Weekly to start at _____ weeks
Doppler Umbilical Artery	_____ Weekly to start at _____ weeks
Biophysical Profile (With NST if BPP < 8/8)	_____
Fetal Non Stress Test	_____
AMNIOCENTESIS & US GUIDANCE	IN_____ WEEKS OR _____NEXT APPOINTMENT
TRANSFER TO HIGH RISK CLINIC	IN_____ WEEKS OR _____NEXT APPOINTMENT

Weekly Labs _____

Other Comments/Requests: _____

_____ NEW CONSULT _____ RETURN CONSULT _____ NO CONSULT NEEDED

PATIENT ID LABEL HERE

PLEASE REVIEW, MAKE DESIRED CHANGES, THEN SIGN THESE FOLLOW-UP ORDERS ASAP and return to MFM via FAX 231-935-2127. Thank You.

Physician Signature: _____

Date: _____ **Time:** _____

Printed Name: _____