

X-RAY ASSOCIATES
NOT A REPORT - SONOGRAPHER'S COMMENTS ONLY

Pt. Name:
Pt. ID:
DOB
Sex:

Date of Exam:
Referring:

TWIN-THIRD TRIMESTER OBSTETRICS

PREV ☐ Yes ☐ No ☐ MH ☐ SRHC ☐ OTHER

Clinical History:

☐ Patient Identity and Referring Physician Confirmed

GESTATIONAL AGE: Based on

☐ LMP

☐ EDC

☐ By 1st US A
B

☐ By Latest US A
B

☐ Previous C-Section

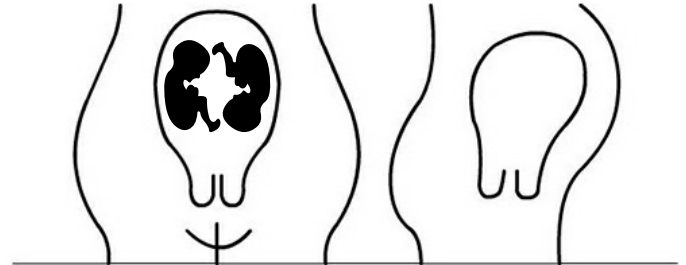
TWINS: # of PLACENTA _____

SEPARATING MEMBRANE ☐ Y ☐ N THICKNESS _____ cm.

CERVICAL LENGTH _____ cm PLACENTA TO INTERNAL OS DISTANCE _____ cm

AFV

TWIN A: Position _____



Presentation	PLACENTA	PREVIA	AMNIOTIC FLUID																																				
<input type="checkbox"/> Fetal Movement FETAL HEART RATE _____ bpm <input type="checkbox"/> FETAL HEART RATE ABSENT			SDP AP _____ cm W _____ cm																																				
FETAL BIOMETRY <table><tr><td>BPD</td><td>CM</td><td>WEEKS</td><td>DAYS</td></tr><tr><td>HC</td><td>CM</td><td>WEEKS</td><td>DAYS</td></tr><tr><td>AC</td><td>CM</td><td>WEEKS</td><td>DAYS</td></tr><tr><td>FL</td><td>CM</td><td>WEEKS</td><td>DAYS</td></tr><tr><td>AVERAGE</td><td>WEEKS</td><td>DAYS</td><td></td></tr><tr><td>EFW</td><td></td><td>grams</td><td></td></tr><tr><td>Percentile</td><td></td><td>%</td><td></td></tr><tr><td>EDC, by current study</td><td></td><td></td><td></td></tr><tr><td>CORD DOPPLER RATIOS</td><td></td><td></td><td></td></tr></table>		BPD	CM	WEEKS	DAYS	HC	CM	WEEKS	DAYS	AC	CM	WEEKS	DAYS	FL	CM	WEEKS	DAYS	AVERAGE	WEEKS	DAYS		EFW		grams		Percentile		%		EDC, by current study				CORD DOPPLER RATIOS				Comments: Fetal Anatomical exam not preformed. GENDER REQUESTED <input type="checkbox"/> Y <input type="checkbox"/> N Appears <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Seen	
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NOT A REPORT - SONOGRAPHER'S COMMENTS ONLY

Pt. Name: Test, Alt

Pt. ID: 412881

DOB 01 Jan 2020

Sex: M

Date of Exam: 29 Aug 2023

Referring: Qc Doctor Qc Doctor

CC:

TWIN B: Position _____

<div>Presentation</div> <div><input type="checkbox"/> Fetal Movement</div> <div>FETAL HEART RATE _____ bpm</div> <div><input type="checkbox"/> FETAL HEART RATE ABSENT</div>	<div>PLACENTA</div> <div>PREVIA</div>	<div>AMNIOTIC FLUID</div> <div>SDP AP _____ cm</div> <div>W _____ cm</div>
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_____ DMS