

X-RAY ASSOCIATES

NOT A REPORT SONOGRAPHER'S COMMENTS ONLY

Pt. Name:
Pt. ID:
DOB
Sex:

Date of Exam:
Referring:

TWIN - BIOPHYSICAL PROFILE

☐ Patient Identity and Referring Physician Confirmed

PREV ☐ Yes ☐ No ☐ MH ☐ SRHC ☐ OTHER

Clinical History:

GESTATIONAL AGE: Based on

- ☐ LMP
☐ EDC
☐ By 1st US A
B
☐ By Latest US A
B
☐ Previous C-Section

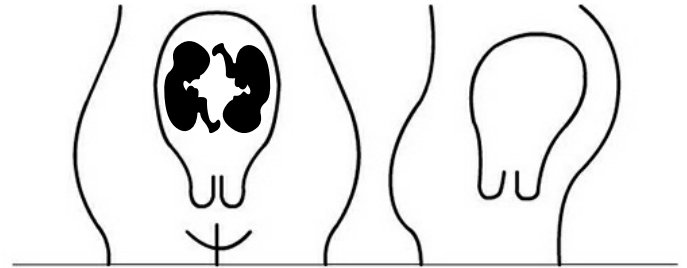
TWINS: # of PLACENTA _____

SEPARATING MEMBRANE ☐ Y ☐ N THICKNESS _____ cm

CERVICAL LENGTH _____ cm PLACENTA TO INTERNAL OS DISTANCE _____ cm

AFV

TWIN A: Position _____



Presentation <input type="checkbox"/> Fetal Movement FETAL HEART RATE _____ bpm <input type="checkbox"/> FETAL HEART RATE ABSENT		PLACENTA PREVIA	AMNIOTIC FLUID 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>grams</td> <td></td> <td></td> </tr> <tr> <td>Percentile</td> <td>%</td> <td></td> <td></td> </tr> </table> EDC, by current study CORD DOPPLER RATIOS: AVERAGE: BIOPHYSICAL PROFILE SCORE _____ /8 2x2 cm POCKET TONE MOVEMENT BREATHING		BPD	CM	WEEKS	DAYS	HC	CM	WEEKS	DAYS	AC	CM	WEEKS	DAYS	FL	CM	WEEKS	DAYS	AVERAGE	WEEKS	DAYS		EFW	grams			Percentile	%			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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Percentile	%																														

X-RAY ASSOCIATES

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 _____

Presentation		PLACENTA		PREVIA		AMNIOTIC FLUID																																																													
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Transvaginal ☐ Yes ☐ No ☐ Verbal Consent Obtained
 Translabial ☐ Yes ☐ No

Probe Identifier _____
 _____ DMS