

TODAY'S DATE

_____ A _____
_____ EDD _____ E A _____
_____ F _____
_____ A _____
C _____ C _____

PLACENTA

BIOMETRY DISCORDANCE

A _____ A _____
_____ A _____
_____ A _____

AMNIOTIC FLUID

A _____ A _____
_____ A _____
_____ A _____

FETAL HYDROPS

D _____ D _____
A _____ A _____
_____ A _____
_____ A _____

FETAL ECHO

CERVICAL LENGTH-REQUIRED

_____ F _____
_____ F _____
_____ F _____

HAS THE PATIENT HAD SERUM SCREEN TESTING?

D _____ D _____
_____ D _____

HAS THE PATIENT HAD NON-INVASIVE PRENATAL TESTING?

D _____ D _____
_____ D _____

HAS THE PATIENT HAD CVS?

C _____ C _____
_____ C _____

