



PROVIDER ORDER FORM

Indication for Ultrasound: _____

Select Ultrasound Type:

☐ OB 1st tri Transvaginal <14 weeks

☐ OB Anatomy (19-22+ weeks)

☐ Add Transvaginal Cervical Length

☐ Add Twins

☐ OB Growth

☐ Add BPP(s)

☐ Add Twins

☐ OB BPP ONLY

☐ Add Twins

☐ OB Follow-Up Anatomy

☐ Add Twins

☐ OB Limited >14 Weeks (Transabdominal)

☐ FHT check

☐ Fetal Presentation/AFI (>24 weeks)

☐ Other _____

☐ OB Limited >14 Weeks (Transvaginal)

☐ Cervical Length Check (>16 weeks)

☐ Placental Location Check

☐ Other _____

☐ GYN Pelvic Transvaginal (Non-OB)

(Sexually Active Patients Only)

☐ Add Antral Follicle Count

(Count follicles <1cm day 2-4 of cycle)

☐ Add Follicle Scan

(Measure Follicles >1cm)

☐ GYN Pelvic Transabdominal (Non-OB)

(Full Bladder Required)

When to Schedule:

☐ Specific

Timing: _____

☐ ASAP

☐ Anytime

Frequency: _____ (ie: One time, Weekly etc)

Additional Instructions: _____

(ie: For urgent findings, call ordering provider/perform additional imaging etc.)

Referring Provider Information (Complete or Attach)

Provider Name/Credentials: _____ Practice Name: _____

Provider Fax Number: _____ Email: _____

I would like the report forwarded to (circle): Email Fax

Provider URGENT Call Back Number: _____

Seedling Debut Ultrasound
634 Milwaukee Street, Delafield, WI 53018
Phone: 262-720-7342 e-fax: 262-269-1286
Email: Ultrasound@SeedlingDebut.com
Web: www.SeedlingDebut.com



Patient Information (Complete or Attach)

Patient Name: _____ DOB: _____

Patient Phone: _____ Patient Email: _____

Working EDD : _____

(Circle) by LMP by Prior Ultrasound

Anything else we should know?

(RELEVANT Medical History, Prior Imaging, or Lab Results)

(ie: relevant prior ultrasound, hCG or cffDNA results, known history of miscarriage, ectopic, C-Section, Amnionity/Chorionity if twins, other uterine/ovarian surgery, uterine anomaly, fibroids, ablation, HRT, never sexually active, BMI, family history)

Disclaimers:

Orders may need clarifying prior to patient scheduling. Seedling LLC, d/b/a Seedling Debut Ultrasound ("Seedling" as used herein), reserves the right to decline ultrasound orders for exams or indications outside of Seedling's scope of practice (ie: BMI >45, follicle monitoring for IVF follicle stimulation, triplets, etc)

Provider understands that there is an inherent margin for error in conducting ultrasounds and that some findings may go undetected due to the physics of ultrasound, equipment quality, user dependence, maternal body habitus and the physiology of a developing fetus for all ultrasound examinations. Therefore, in referring patients to Seedling, Provider shall hold harmless, indemnify, and defend Seedling, its owners, employees, and agents (the "Seedling Indemnified Parties"), from and against any and all claims arising out of the provision of ultrasound services, including the negligent acts or omissions of the Seedling Indemnified Parties. Provider shall be responsible for advising patients of the potential errors or undetected findings associated with ultrasounds.

As the ordering provider, I understand all ultrasound findings are dictated by a third -party radiologist and will be forwarded to me. I agree that I am responsible for the understanding of those results, for relaying results to the client/patient, and for determining and recommending the appropriate plan of care to the client based on the radiologists dictation. Provider acknowledges that Seedling does not guarantee results or image quality, and its sole role is to physically conduct the diagnostic ultrasound, and not to provide any medical advice, interpretation of the findings, or clinical management.

HIPAA Compliance Disclaimer:

All medical information provided will be kept confidential in accordance with HIPAA regulations, subject to sharing such information with third party providers as set forth herein. This form is used solely for diagnostic referral and scheduling purposes. Provider acknowledges that the ultrasound examination sonogram, along with any medical information shared by Provider to Seedling may be shared with the third party radiology company which Seedling utilizes for ultrasound results. Provider covenants that it has obtained all necessary consents from the patient necessary to share any and all patient information which would be covered by HIPAA or other applicable law with Seedling and any of Seedling's third party providers. Provider shall indemnify, defend, and hold harmless, the Seedling Indemnified Parties from and against any and all claims arising out of claims of HIPAA violation by Provider and for any claims arising out of a breach of the preceding sentence.

Signature: _____

Date: _____

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