

Guidelines for Requesting a First Trimester Anatomy and Nuchal Translucency Ultrasound in Fetal Surveillance

Information required on the front of the request form

1. Name of requesting clinician with their provider number
2. 'Copy of results to...' field, if required
3. Contact phone number of the requesting clinician
4. EDD
5. Clinical Indication
6. Signature of requesting clinician
7. Date

The above is required for MBS billing compliance.