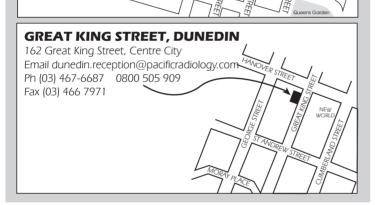
OBSTETRIC ULTRASOUND REQUEST



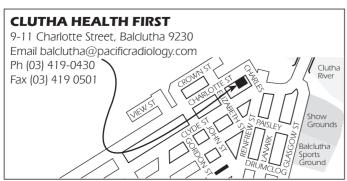
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-	First Names		
DOB/	NHI		
Address			
Email			
Funding ☐ Patient to pay	☐ SDHB Funde	d	
· · ·		-	
Examination Requested ☐ Dating Viability ☐ NT/MSS1 ☐	7 Farly Anatomy No MSSI	7 Anatomy	□ Apatomy Follow up
☐ Placenta check ☐ Grov		ollow up	
<u>LMP</u> //	<u>EDD</u> /		_ 0.1.6.
□ IVF transfer date/		er date/	/
Relevant/Previous Imaging done at			
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Pacific Radiology

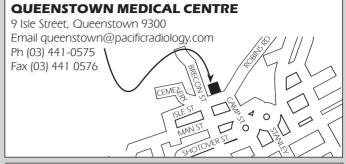
THE MARINOTO CLINIC, DUNEDIN 72 Newington Ave, Maori Hill, Dunedin Email dunedin.reception@pacificradiology.com Ph (03) 467-6687 0800 505 909 Fax (03) 466 7971 CONSULTANCY HOUSE, DUNEDIN 7 Bond Street, Dunedin 9016 Email dunedin.reception@pacificradiology.com Ph (03) 467-6687 0800 505 909 Fax (03) 466 7971



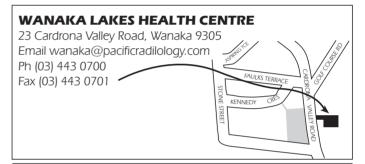


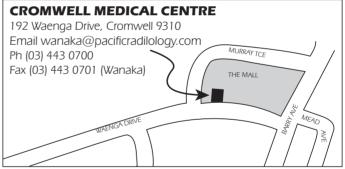


QUEENSTOWN BRANCHES









If you can't keep your appointment please let us know as soon as possible.

IF YOU HAVE A REFERRAL FORM PLEASE BRING IT WITH YOU.

Preparation

Before 12 weeks: Please attend your appointment with a full bladder. Please drink

1/2-1 litre of liquid at least one hour before your appointment and don't empty your bladder.

After 12 weeks: Do not empty your bladder in the 1/2 hour before your appointment.

Accompanying persons

You can bring anyone you wish to support you during the scan

Please ensure young children are supervised.

The sonographer may limit the numbers in the room. We can give you a photo of your scan.