Patient:

Examination:
*Please tick the required scan/s-*

- Ultrasound Pregnancy- 8-10 Weeks- For Dates and First Trimester Screening (FTS) Blood Test
- Ultrasound Pregnancy- 12-13 Weeks- For Nuchal Translucency
- Ultrasound Pregnancy- 20 Weeks- For Fetal Morphology
- Ultrasound Pregnancy- Third Trimester- For Fetal Wellbeing and Placenta

Clinical Details:

- LMP:
- EDD:

Copy To:

Signature: Date:

*UNIVERSAL MEDICAL IMAGING*
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