

Maternity Scan Referral

Patient Information	(Please see reverse for branch location and preparations)				
First names		Surname			
Previous scan		Date of birth			
Phone home		Phone work			
Address					
NHI No.					

Examination Code (Please select from Section 88 Clinical Indications list)

LMP:	unsure	or EDD:	Scan LMP
UD (uterus not equal to d	ates)	Clinical Details	
AN (anatomy)			
NT (nuchal translucency)			
GR (growth)			
Other			

Referrer Information

Emergency scan not on referral of LMC

Referrer's name (LMC) or NZMC No.			
Practice address			
Phone / Fax	Date		
Additional report to	Signature		

It is very important that you bring this form with you to your appointment. Without the form, we may be unable to perform your examination.

Preparation you should undertake prior to your maternity ultrasound scan

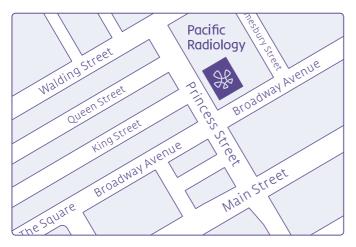
Early Pregnancy

(prior to 11 weeks)

You must have a full bladder. Please drink 1 litre of water or juice 1 hour before your appointment. Do not empty your bladder until after your examination.

Pregnancy (after 11 weeks) Do not empty your bladder for 1 hour prior to your scan.

Palmerston North Branch Location



Contact Details

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