

ULTRASOUND REQUEST FORM

<b>Patient:</b>	<b>Referring Doctor:</b>
Name: DoB:	Name:
Address:	Address:
Contact Tel:	Contact Tel:

Scan Required

OBSTETRIC	TEST REQ.	CODE
Early Pregnancy Scan (viability/dating) (5-10 Weeks)		SOEP
Cervical Assessment Only		SOCA
Nuchal Translucency & Blood Test (11-13 Weeks)		SONT
Nuchal Translucency (Multiple Pregnancy)		SONTM
Chorion Villus Sampling (CVS) (11-20 Weeks)		SOCVS
Chorion Villus Sampling (CVS) (Multiple Pregnancy)		SOCVSM
Fetal Gender Identification Scan		SOFETGEN
Amniocentesis (15-20 Weeks)		SOAMNIO
Amniocentesis (Multiple Pregnancy)		SOAMNIOM
Fetal Anomaly Scan (20-22 Weeks)		SOFETAN
Fetal Anomaly Scan (Multiple Pregnancy)		SOFETANM
Fetal Anomaly Scan & Uterine Artery Doppler		SOFETAND
Fetal Anomaly Scan with Cervical Assessment		SOFETANCE
Fetal Scan with Biochemistry		SOFETB
Fetal Wellbeing Scan (16 weeks or over)		SOFETWELL
Fetal Wellbeing Scan Multiple Pregnancy (16 weeks or over)		SOFETWELLM
Fetal Assessment inc. Growth & Doppler (24 Weeks)		SOFETAGD
Fetal Assessment inc. Growth & Doppler (Multiple Pregnancy)		SOFETAGDM
Fetal Echocardiography		SOFETECHO
GYNAECOLOGY		CODE
Transvaginal/Transabdominal Pelvic Scan		SGPL
Ovarian Cancer Screening		SGOVARCS
Follicle Tracking		SGFOLTRACK
Location of IUCD		SGLIUCD

OTHER SCAN (please state):

LMP:	EDD:
Blood Group:	
Further Clinical Details:	

Date Requested:	Date Booked:
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