



**AUCKLAND
RADIOLOGY
GROUP**

OBSTETRIC ULTRASOUND

| | | | |
|--|---|---|---------------------------------|
| <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS | NAME | DATE OF BIRTH | NHI # |
| ADDRESS | | TELEPHONE | TRIMESTER 1 2 3 4 |
| | | EDD | LMP |
| INDICATION CODE <input type="checkbox"/> TA THREATENED ABORTION <input type="checkbox"/> EP SUSPECTED ECTOPIC PREGNANCY <input type="checkbox"/> PM PELVIC MASS IN PREGNANCY <input type="checkbox"/> UD UTERUS NOT EQUAL TO DATES <input type="checkbox"/> BA PRIOR TO BOOKING CVS OR AMNIOCENTESIS OR NUCHAL TRANSLUCENCY <input type="checkbox"/> CT CONSIDERATION OF TERMINATION <input type="checkbox"/> NT DATING AND EARLY EVALUATION FOR CHROMOSOMAL ABNORMALITY <input type="checkbox"/> NF EARLY EVALUATION FOR CHROMOSOMAL ABNORMALITY <input type="checkbox"/> AN ANATOMY <input type="checkbox"/> AF ANATOMY FOLLOW UP | | <input type="checkbox"/> GR SUSPECTED GROWTH ABNORMALITY (IUGR OR MACROSOMIA) <input type="checkbox"/> GF SUSPECTED GROWTH ABNORMALITY (IUGR OR MACROSOMIA) FOLLOW UP <input type="checkbox"/> PL CHECK PLACENTA <input type="checkbox"/> AH ANTEPARTUM HAEMORRHAGE <input type="checkbox"/> AP ABDOMINAL PAIN <input type="checkbox"/> MP MALPRESENTATION <input type="checkbox"/> FC SUSPECTED FETAL COMPROMISE <input type="checkbox"/> FD SUSPECTED INTRAUTERINE FETAL DEATH <input type="checkbox"/> PP MATERNAL POSTPARTUM | |
| CLINICAL DETAILS | | GRAVIDA | REFERRING PRACTITIONER REG # |
| | | TELEPHONE | |
| ARG stores all images electronically Images are available to referrers online www.arg.co.nz | REPORT VIA: <input type="checkbox"/> PHONE REPORT TO # <input type="checkbox"/> FAX REPORT TO # <input type="checkbox"/> EDI REPORT TO # | SIGNATURE | DATE |
| | | COPY OF REPORT TO <input type="checkbox"/> TESTSAFE | |