



Referral for Pregnancy Ultrasound Scans

04/09

Patient's details

Surname _____ D.O.B. _____

First names _____ NHI _____
Please provide

Address _____

Phone (home) _____ Phone (work) _____

Clinical details

Clinical Code (please select one)

- | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> BA (before amniocentesis/CVS) | <input type="checkbox"/> TA | <input type="checkbox"/> CT | <input type="checkbox"/> PL | <input type="checkbox"/> FC |
| <input type="checkbox"/> NT (nuchal translucency assessment) | <input type="checkbox"/> EP | <input type="checkbox"/> NF | <input type="checkbox"/> AH | <input type="checkbox"/> FD |
| <input type="checkbox"/> AN (anatomy) | <input type="checkbox"/> UD | <input type="checkbox"/> AF | <input type="checkbox"/> AP | <input type="checkbox"/> PP |
| <input type="checkbox"/> GR (suspected growth abnormality) | <input type="checkbox"/> PM | <input type="checkbox"/> GF | <input type="checkbox"/> MP | |

Clinical Codes
See the inside of the pad cover for these clinical codes in full.

LMP _____ (Unsure) or EDD _____ (by scan LMP other)

+ve Pregnancy Test? Date _____ Serum β HCG _____ IU/L Date _____
For 1st Trimester scans If known

Clinical notes

Please complete this section

Referrer's name _____ Please print Phone No. _____

NZMC/MCONZ No. _____ Fax report to this number _____

Report copies to _____

Signature _____ Date _____

Send more forms?

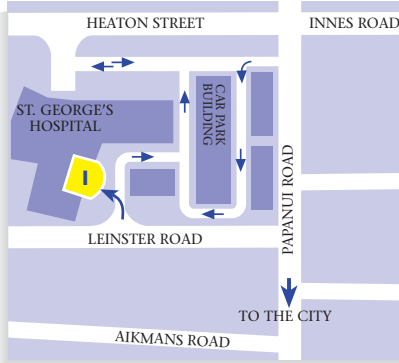
**It is important that you bring this form with you to your appointment.
See the reverse of this form for clinic locations and contact details.**

How to contact us and where to go for your appointment

Please note, there are FREE PARKING areas at all our clinics.

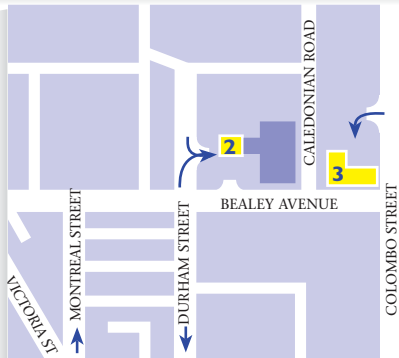
St George's Radiology 1

137 Leinster Road,
Christchurch 8014
Fax (03) 355 2173
Hours: 8am - 6pm weekdays



Southern Cross Radiology 2

129 Bealey Avenue,
Christchurch 8013
Fax (03) 365 5353
Hours: 8am - 6pm weekdays



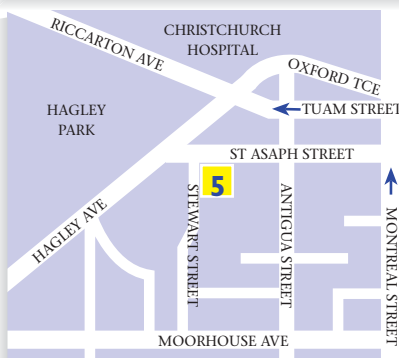
After Hours Radiology 3

Cnr Colombo Street and
Bealey Avenue,
Christchurch 8013
Fax (03) 365 9422
Open 365 days a year
Hours: 8am - 11pm weekdays
10am - 11pm weekends &
public holidays



Cashmere Radiology 4

The Princess Margaret Hospital
Cashmere Road,
Christchurch 8022
Fax (03) 337 6289
Hours: 8am - 5pm weekdays



Hagley Radiology 5

16 St Asaph Street,
Christchurch 8011
Fax (03) 379 9549
Hours: 8am - 5.30pm weekdays



CHRISTCHURCH RADIOLOGY GROUP

EXCELLENCE IN
RADIOLOGY

Contact details

Phone **379 0770**
or free phone **0800 TOXRAY**
(0800 869 729)
Fax **355 2173**
Website **www.crg.co.nz**

Preparation for your examination

Early in the pregnancy

(before 15 weeks)

Try to have a full bladder for your scan.

Empty bladder 2 hours prior to the scan and then drink 2 glasses of clear fluid.

Do not empty bladder after that.

Later in the pregnancy

(after 15 weeks)

Drink a glass of clear fluid one hour prior to the scan and try not to empty your bladder after that.