

Name: _____ Phone: _____
Address: _____ DoB: _____
_____ NHI: _____

Pregnancy Scans (Clinical Codes - as per Section 88)

- BA (before amniocentesis/CVS)
 TA CT EP UD
- NT (nuchal translucency; 12-13+6 weeks)
 NF FC
- AN (anatomy; 20 weeks)
 AF AP PP AH
- GR (suspected growth abnormality)
 PM GF MP PL FD
- LMP _____ (unsure)
- EDD _____ (by scan)

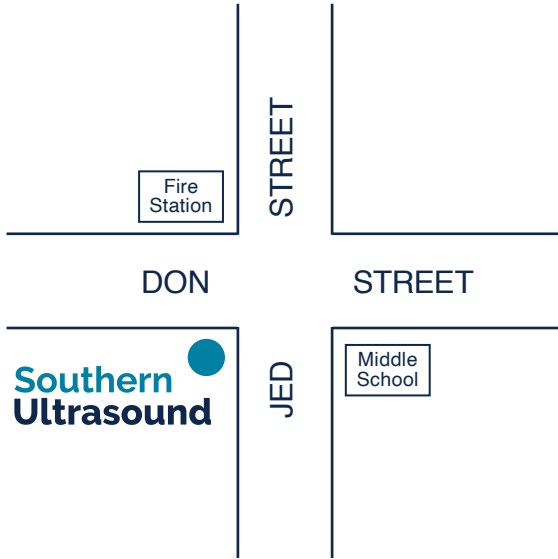
Ultrasound Required:

Clinical Information:

ACC No: _____

Referrer: _____ NZMC/MC#: _____ Appointment Date: _____
Copies to: _____ Phone: _____ Time: _____
Signed (referrer): _____ Date: _____ NZ Resident: Yes No
Email/EDI: _____

135 DON STREET, INVERCARGILL



PARKING AVAILABLE OFF JED STREET

3/24 DUNGARVON STREET, WANAKA

