

## Recommendation for Follow Up - Strictly Private and Confidential

A patient of yours recently attended one of our clinics.

An ultrasound exam was performed and our Sonographer has recommended medical follow up.

### Patient Details

Name:  
DOB:  
Address

Name:  
Name:  
Address  
Address  
Address

### Scan Details

Scan Type:  
Clinic:  
Sonographer:  
Qualifications:  
HCP name:

Name:  
Name:  
Name:  
Name:  
Name:

The findings were as follows:



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Exam Type: NT

Name: \_\_\_\_\_ Perf. Phys.: \_\_\_\_\_  
 Pat. ID: SALLY WEBSTER DOB: \_\_\_\_\_ Ref. Phys.: \_\_\_\_\_  
 Indication: \_\_\_\_\_ Sex: Female Sonogr.: JAN STEWARD

LMP: 18.11.2009 GA(LMP): 12w2d EDD(LMP): 25.08.2010 G:  Ab:   
 DOC: \_\_\_\_\_ GA(AUA): 12w0d EDD(AUA): 27.08.2010 P:  Ec:

EFW (Hadlock)	Value	Range	Age	Range	Growth
AC/BPD/FL/HC					Williams N/A

2D Measurements	AUA	Value	m1	m2	m3	Meth.	Age	Range	Dev.
CRL (Hadlock)	<input checked="" type="checkbox"/>	5.34 cm	5.17	5.51		avg.	12w0d	11w0d-12w6d	<3.0%
NT		1.03 mm	1.02	1.01	1.05	avg.			

Doppler Measurements	Value	m1	m2	m3	m4	m5	m6	Meth.
<i>Umbilical</i>								
HR	170 bpm	170						max

The information above has been explained to your patient and a copy report given to them at the time of scan. If you would like any further information please contact the administration person at the address at the top of the page.

Admin. Name \_\_\_\_\_

Admin. Signature \_\_\_\_\_

Print Date:     /     /