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Please bring this form with you.

1. Patient Information

Name _____

Address _____

D.O.B _____ Phone _____

NHI# _____ ACC# _____

2. Examination Required

Pregnancy (use codes overleaf) _____

Pelvis _____

Abdomen _____

Musculoskeletal _____

Other _____

3. Clinical Details

LMP: _____ EDD: _____

4. Referrer

Name _____ NZMC _____

Phone _____ Fax _____

Signature _____ Date _____

Additional Report to _____

Patient Preparation

Pelvic scans

No preparation

Pregnancy scans

No preparation

Abdominal scans

Nothing to eat or drink for four hours before scan.

Renal scans

Drink 1 litre of clear fluid 1 hour before scan.

All other scans

No special preparation

Guided Injections

As instructed

Clinical Indication Code

TA Threatened abortion

EP Suspected ectopic pregnancy

PM Pelvic mass in early pregnancy

UD Uterus not equal to dates (more than 4wks discrepancy)

BA Prior to booking CVS or amniocentesis

CT Consideration of termination

NT Nuchal Translucency (12-14 weeks)

NF Nuchal Translucency Repeat

AN Anatomy (best at 20 weeks)

AF Anatomy follow-up

GR Suspected IUGR

GF Suspected IUGR follow up

PL Check placenta

AH Antepartum haemorrhage

AP Abdominal pain

MP Malpresentation (after 36 weeks)

FC Suspected fetal compromise

FD Suspected intrauterine fetal death

PP Maternal Post Partum (less than 6 weeks post partum, or 2 weeks post miscarriage/termination)

Wellsound Ltd Trading as Valley Ultrasound

