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		E-SAME DAT REFORTING	
Clinical Information & Reason For Study:		Patient Name:	
		Date of Birth:	Health No.:
Referring Physician & Signature:		Address:	Tel. No. (Home): Tel: No. (Bus.) :
		Additional Reports To:	
OBSTETRICAL ULTRASOUND (BY APPOINTMENT)			
Early Obstetrical:	2nd & 3rd Trimester OBS:	Additional Notes	
Full bladder required	No drinking necessary		
Dating / Viability	20 Week Anatomy Scan		
☐ IPS / FTS	Growth		
Pelvic	☐ Biophysical Profile		
Other			

ALWAYS BRING YOUR HEALTH CARD & REQUISITION; PLEASE CALL 24 HOURS IN ADVANCE OF ANY CANCELLATION OR PATIENTS MAY BE CHARGED

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