

DR. FRANCIS CARMODY

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SPECIFIC REQUESTS

REQUEST FORM

NAME: DOB: ADDRESS:			
PHONE NO:	REFERF	RAL DETAILS	
DOCTOR: PROVIDER NO.: ADDRESS:			
PHONE NO.:		FAX NO.:	
SIGNATURE:		DATE:	
CLINICAL DETAILS			
LMP:	EDC:	BLOOD GROUP:	
OBSTETRIC ULTRASOUND			
 Consultation First Trimester viability/dating scan NIPT (Non-invasive prenatal testing) Nuchal Translucency Scan (12 − 13 weeks) Biochemistry (between week 10½ & 11) □S&N □QML Amniocentesis (from 14 weeks) CVS (from 12 weeks) Morphology scan (from 19 − 22 weeks) 3rd Trimester/Growth and Well Being scan Tertiary scan/Second opinion scan 			
GYNAECOLOGY ULTRASOUND			

Saline Sonohysterogram/Levovist studies (first half of cycle)

Pelvic ultrasound

Drainage of ovarian cyst

Ultrasound guided endometrial biopsy

