



Radiology Associates, P.A.
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OBSTETRICAL ULTRASOUND

Today's Date: _____

Name: _____ DOB: _____

Referring Physician: _____

Reason for Exam: _____

First Day of Last Menstrual Period: _____

Total Number of Pregnancies (including present one): _____

Total Number of Miscarriages: _____

Total Number of Terminations of Pregnancy (if applicable): _____

Total Number of Children: _____

Please allow the technician to concentrate entirely on your examination. Feel free to ask any questions regarding your pregnancy at the end of your examination.

Please keep in mind that ultrasound is not 100% accurate in determining the sex of the baby. Therefore, we do not attempt to determine the fetal gender.