

ULTRASOUND REQUEST FORM

ROSH Maternal-Fetal Medicine
Daniel Roshan, MD, FACOG, FACS
213 Madison Avenue (at 36th Street)
Suite 1A
New York, NY 10016

Tel. (212) 725-0123

Fax (212) 725-3738

Patient Name: _____ LMP: _____ EDC: _____

Indication: _____

Referring Physician _____

George Mussalli, MD
Jaqueline Worth, MD
VILLAGE OBSTETRICS
101 West 12th St. NY, NY, 10011
tel 212.627.9556, fax 212.627.9035

OBSTETRICS

- Dating
- R/O Ectopic
- Initial Anatomy Scan
- Follow Up Anatomy
- Growth
- Placenta Previa
- Evaluation of Placenta

GYNECOLOGY

- Amenorrhea
- Pelvin Pain
- Infection
- Heavy periods
- Adnexal Mass
- Infertility
- Evaluation of Follicle
- Saline Infusion SIS

PROCEDURES & TESTING

- Amnio
 - Genetics
 - Maturity
- CVS
- NST
- BPP
- AFI
- Doppler
- MCA Doppler
- Nuchal Translucency Screening (NT)

The patient has an appointment on

____/____/____ at ____:____ A.M. OR P.M.