

الشفاء ہیلتھ کنیر کلینک اینڈ میڈیسنی ہوم



0310-970072

Name: Rami Age: _____ Sex: F Date: 25-3-21

Clinical Record

etc

Pxx Total 13 weeks

Ab. Pain.

" - " - "

V. B. Acute

R. Acute

Acute

Acute

Acute

Acute

الشفاء هيلته كئير كلينك اينڈ ميٹرنٹی هوم



ULTRASOUND

Patient Name: _____ Age: _____

Address: _____ Date: _____

Finding's Obstetric U/S

Size & Number of sac (s) _____ Amount of Liquid _____

Number of Fetus(es) _____ Placenta _____

Presentation: _____ CRL _____

Lie _____ BPD 9.16cm/S

Fetal Sex _____ FL _____

Fetal Spine _____ Head Circumstance _____

Heart Beat _____ A.C. _____

F. Movement: _____ Fetal Weight _____

F. Stomach: _____ F. Gestation Age _____

F. Urinary Bladdey / Kidney: _____ E.D.D _____

IMPRESSION:

Missed Abortion

Signature