

# The Portland Hospital

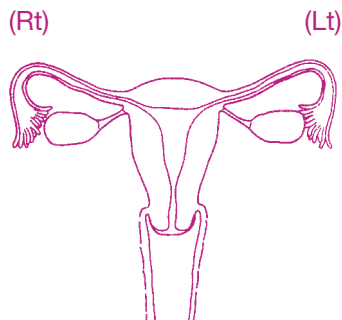
## GYNAECOLOGICAL ULTRASOUND UNIT REQUEST FORM

205 - 209 Great Portland Street, London W1W 5AH

Tel: 020-7390 8032 / 8037 Fax: 020-7390 8029

<b>PATIENTS NAME:</b> .....	Phone / Fax Results ..... <input type="checkbox"/>
.....	Sonographers ..... <input type="checkbox"/>
D.O.B .....LMP: .....	<b>Consultants Available:</b>
Clinician: .....	Mr. K Harrington <input type="checkbox"/>
Signed .....Date / /	Mr. J. Iskaros <input type="checkbox"/>
	Miss. A. Kyei-Mensah <input type="checkbox"/>

### RELEVANT CLINICAL HISTORY:



Agreed appointment Time:.....Date: ...../ ...../ .....