



ಕಾರ್ಮಿಕರ ರಾಜ್ಯ ವಿಮಾ ನಿಗಮ ಆಸ್ಪತ್ರೆ
कर्मचारी राज्य बीमा निगम अस्पताल, पिण्या, बेंगलूर- 560 022
EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL
PEENYA, BENGALURU-560 022.
(Under Ministry of Labour & Employment, Govt. of India)
DEPARTMENT OF RADIOLOGY

Name :	Date :
Age :yrs. .	Sex : M/F
Ref. :	U/S No.
ESI No. /IP No. :	Ward/dept./unit :

ANTENATAL SONOLOGICAL

Biparietal Diameter.....Head

Circumference Femoral length.....Abdominal

circumference F. Heart rate.....

Foetal movements.....

Foetal Weight: EDD:

Average Gestational Age:

Placenta.....

Amniotic fluid.....

Gross anamolies*.....

Impression.....

Place :

Date :

Signature of the Radiologist

DECLARATION OF DOCTOR

I, Declare that while conducting U/S Scan on Mrs..... have not disclosed sex of the foetus to her or to any body in any manner.

PS : U/S has its own Limitations, Hence all anomalies cannot be ruled out.