

Patient's Details: _____



Feto Maternal &
GenetYX Center

- ☐ Consultation
- ☐ Genetic Consultation
- PREGNANCY ULTRASOUNDS:**
- ☐ Combined First Trimester Screening (11th - 14th week)
 - Ultrasound
 - Blood Test (Double marker)

- ☐ Preeclampsia Screening
 - Ultrasound, Doppler - Uterine Arteries
 - sFlt - 1/PlGF ratio

- ☐ Detailed Organ Scan (19th - 22nd week)
- ☐ Fetal Heart Echocardiography (detailed assessment of fetal heart)
- ☐ Fetal Well Being - Growth & Doppler (>26 weeks)
- ☐ Premature Delivery Screening
 - Cervical Ultrasound Assessment
- ☐ Second Opinion Scan

PREGNANCY RELATED SERVICES:

- ☐ Cervical Pessary Insertion
- ☐ Non Invasive Prenatal Testing (NIPT)

GYNAECOLOGICAL ULTRASOUNDS:

- ☐ Breast Examination and Ultrasound
- ☐ Gynaecological Scan and Examination
- ☐ Hystero Salpingo Contrast Sonography (tubal patency check)
- ☐ Pelvic Floor Ultrasound/Examination and Incontinence Treatment

OTHER GYNAECOLOGICAL SERVICES:

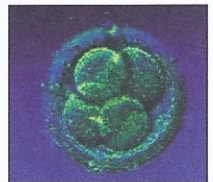
- ☐ LEEP/LETZ Procedure, Hysteroscopy and Small Surgeries
- ☐ Gynaecology in Paediatrics and Adolescence
- ☐ Cervical Cancer Screening & Colposcopy & Colposcopic Biopsies

INVASIVE DIAGNOSTIC TESTS:

- ☐ Chorionic Villus Sampling
(placental sampling for listing the chromosomes 11th - 14th week)
- ☐ Amniocentesis
(removal of the amniotic fluid for listing the chromosomes ≥ 15 th week)

Remarks: _____

Doctor's signature: _____



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