



FREYJA CLINIC
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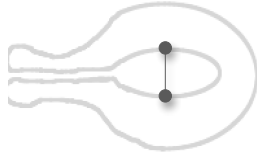
US & NST FORM

Date _____ / _____ / 2019

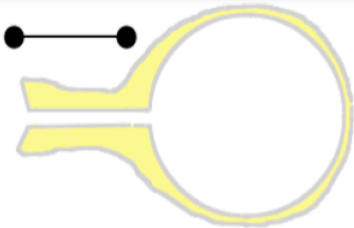
Patient Name _____



Right OV: Fixed Mobile
Left OV: Fixed Mobile
 Androgenic Ovaries: not mild mod very

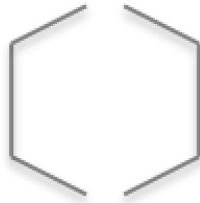


Normal Uterus
 Endometrial lining _____ mm
 Mono-Lam 3-Lam



NO FUNNELING FUNNELING IS PRESENT

NO Free fluid in the cul-de-sac
 (+) Free fluid (++) Free fluid



ATTACH NST/US HERE

COMMENTS

- NST AND AFI OK
- AFI OK
- IG OK
- U/A DOPPLER OK

SEE EPIC FOR MORE NOTES

US and/or NST performed & read by:

- Dr Rydfors
- Dr Wang
- Dr Pravdin
- Dr Blugas
- Dr Swiersz

Signature : _____ MD