

X-RAY ASSOCIATES INC.

Date: _____

Dear Doctor _____,

RE: Ultrasound OB for gender

Patient Name: _____

History Recorded: _____

Thank you for your referral for an obstetrical ultrasound. We are happy to perform this exam but as per the CPSO guidelines, we cannot perform an ultrasound for gender only. For these cases could you please state that the gender is required and include any additional information that you may require such as fetal growth, cervical length, fetal position and/or placenta location.

Thank you for your attention to this matter,
Sincerely,



Marlene McCarthy, MRT(R), ACR
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