



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

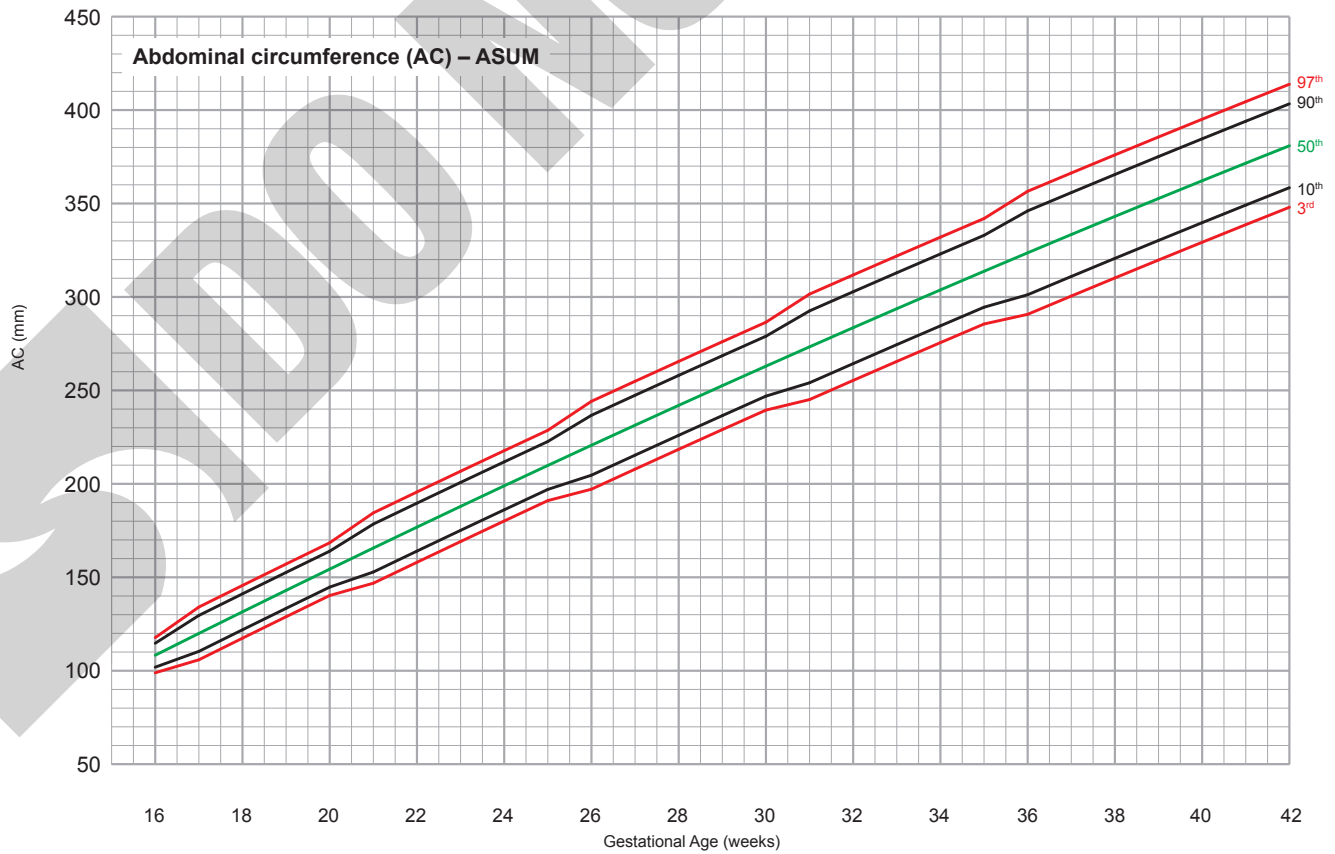
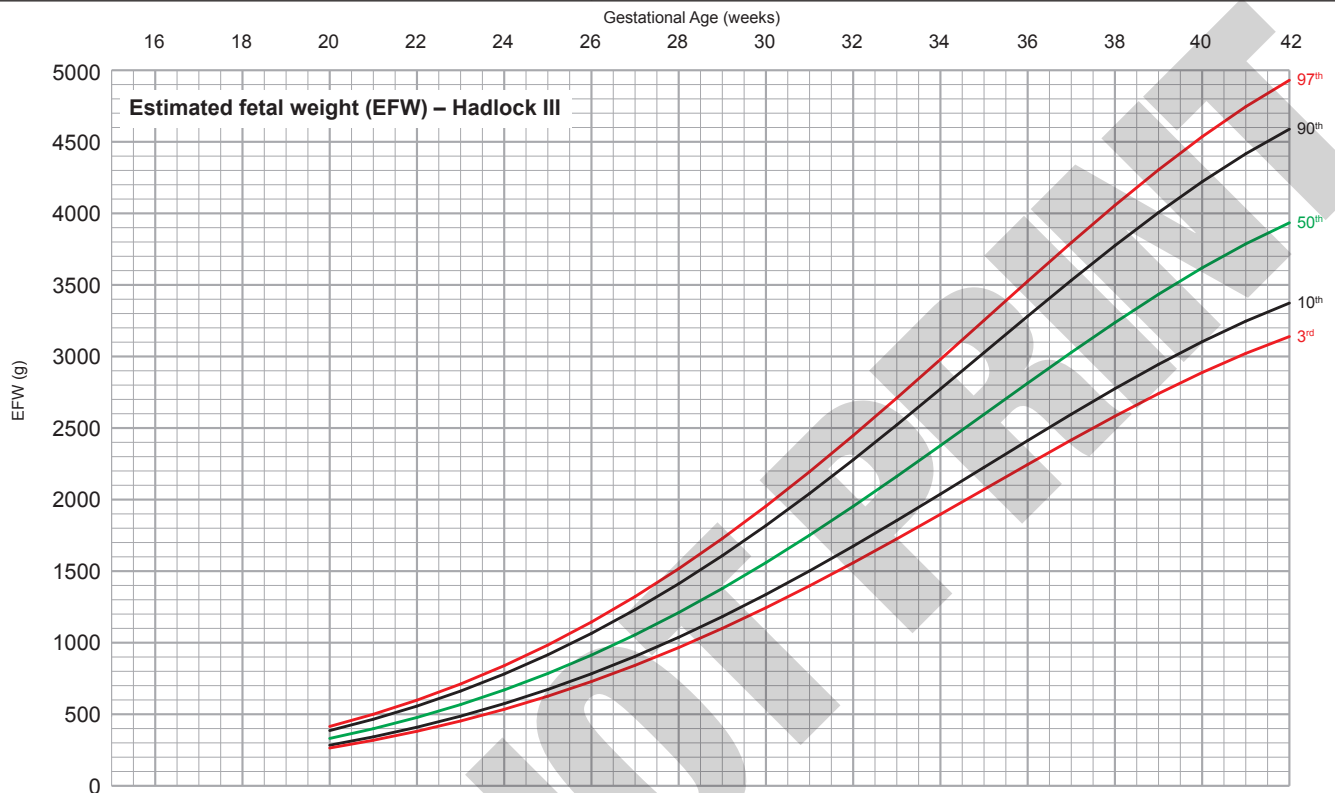
Facility:

# Maternity - Fetal Biometry Ultrasound Growth Scan Charts



SMR110555

Holes Punched as per AS2828.1: 2019  
BINDING MARGIN - NO WRITING



Percentile    50<sup>th</sup>    3<sup>rd</sup>    10<sup>th</sup>    90<sup>th</sup>    97<sup>th</sup>

Data from widely available sources including ASUM.

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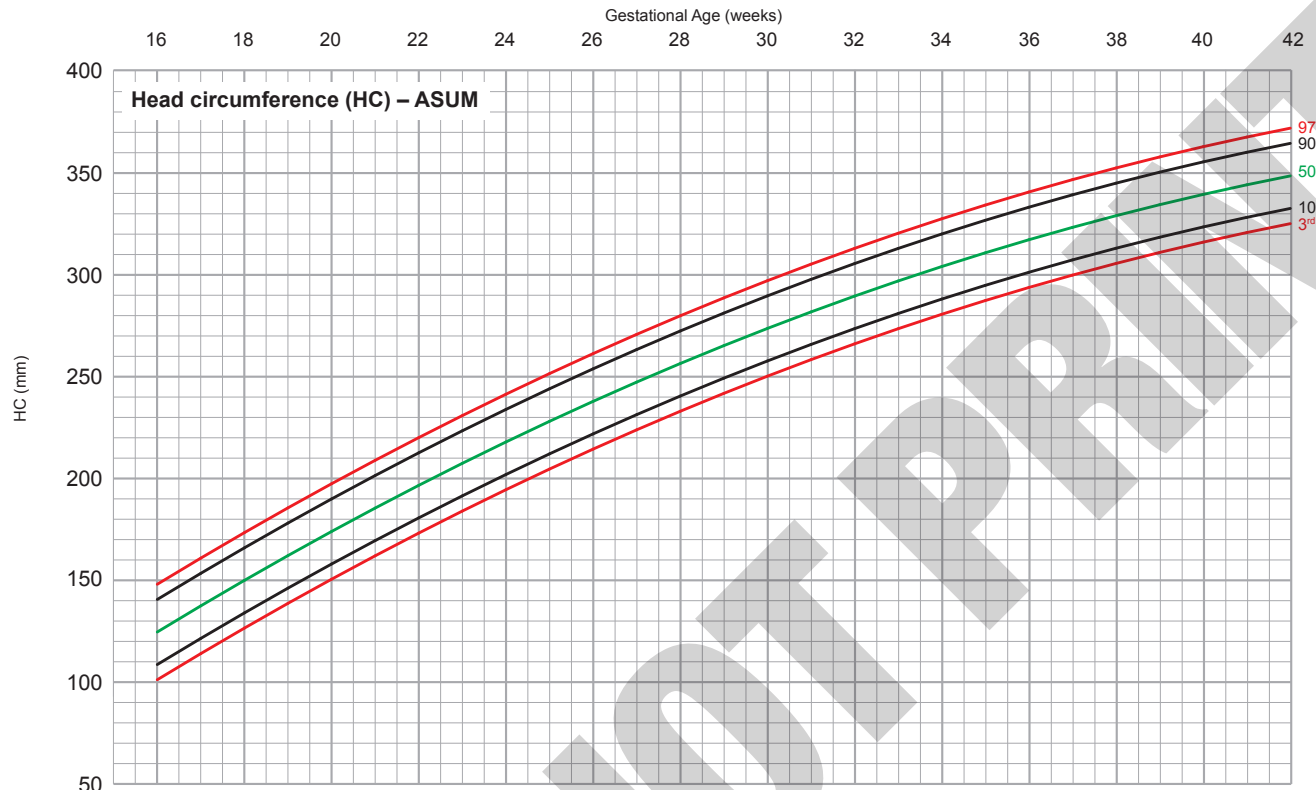
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