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Patient's Name:

Referring Specialist/GP:

Address:

Requesting Dr:

Phone:

Phone:

Date of Birth:

FAX:

MRN:

Provider No:

Medicare No:

Date:

Interpreter required  NO  YES

Signature: \_\_\_\_\_

- Early Pregnancy Assessment (EPAS) Scan
- First Trimester Screening/NT+biochem (11-13<sup>+6</sup> weeks)
- Non Invasive Prenatal Testing (NIPT) ≥11 Weeks
- Chorionic Villus Sampling / Amniocentesis
- Early Fetal Echo (14-15 weeks)
- Fetal Morphology (19-21 weeks)
- Fetal Growth / Wellbeing (>22 weeks)
- Cervical Assessment

- Pelvic Ultrasound
- Deep infiltrating Endometriosis
- Pelvic Floor Ultrasound
- Fetal Medicine Consultation & Opinion
- Pregnancy Day Assessment / CTG
- Assessment of uterine cavity (Sonohysterogram)
- Assessment of uterine cavity (HyCoSy)

Clinical Information (essential for accurate reporting):

GA: \_\_\_\_\_ EDD: \_\_\_\_\_ Multiple:  NO  YES

THIS REFERRAL MUST BE PRESENTED AT THE TIME OF APPOINTMENT

**Appointment**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## PLEASE ATTEND 15 MINUTES PRIOR TO APPOINTMENT TIME

ON THE DAY OF YOUR APPOINTMENT, PLEASE BRING:

- Copy of all previous scans and first trimester nuchal reports (*if done elsewhere*)
- Referral from your Obstetrician or General Practitioner
- Medicare Card
- Antenatal Card – Yellow Card (*if you have already received one*)

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### INSTRUCTIONS

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COMBINED FIRST TRIMESTER SCREENING at 11<sup>+3</sup>-13<sup>+6</sup> weeks.

This involves a blood test at least 3 days before scan but not before 11 weeks.

CHORIONIC VILLUS SAMPLING (CVS) at 11-14 weeks.

Please bring a copy of your blood group.

AMNIOCENTESIS at 15+ weeks.

Please bring a copy of your blood group.

FETAL ANOMALY SCAN at 19-21 weeks.

Drink 300mls of water 60 minutes prior to appointment.  
Due to limited appointment availability, please book early.

EARLY FETAL ECHO at 14-15 weeks.

GROWTH SCAN >22 weeks.

CERVICAL LENGTH

Transvaginal scan may be recommended with an empty bladder.

GYNAECOLOGICAL / PELVIC SCAN

Drink 300mls of water 60 minutes prior to appointment.  
Transvaginal scan may be recommended.

HYCOSY and SONOHYSTEROGRAM

Day 5-10 of menstrual cycle. No preparation.

DEEP INFLITRATING ENDOMETRIOSIS

Bowel Prep is required prior to appointment.