

Centre for Women's Ultrasound & Fetal Medicine **RPA Women and Babies**



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Ritu Mogra FRANZCOG COGU DDU

| | | rasound Department Number: 4394431Y | |
|--|-------------------|--|--|
| | | _ | Routine Pregnancy Ultrasounds (can tick all boxes) |
| Patient's name: | Referring special | st/GP: | First Trimester Screening / NT + biochem |
| Address: | | | Fetal Morphology |
| | Requesting docto | r: | Fetal Growth/Wellbeing (36 – 37 ⁺⁶ weeks) |
| Phone: | Provider No: | | Other Ultrasound Services |
| Date of birth: | Phone: | | Early Pregnancy Assessment (EPAS) |
| MRN: | Date: | | Non-Invasive Prenatal Testing (NIPT) ≥ 11 Weeks |
| Medicare No: | Signatura | | Early Fetal Echo (14-15 weeks) |
| | | | Chorionic Villus Sampling / Amniocentesis |
| Interpreter required No Yes | | | Cervical Length Assessment |
| Clinical Information (essential for accurate reporting): | | | Fetal Medicine Consultation and Opinion |
| , | . 5, | | Pregnancy Day Assessment / CTG |
| | | | Gynaecological Ultrasound and Procedures |
| | | | Deep Infiltrating Endometriosis |
| | | | Assessment of uterine cavity (Sonohysterogram) |
| | | | Assessment of uterine cavity (HyCo/sy) and |
| | | | Tubal Patency |
| | | | Pelvic Ultrasound |
| | | | Appointment |
| GA: | EDD: | Multiple: ☐ No ☐ Yes | Date: Time: |

Please attend 15 minutes prior to appointment time

| \square I agree to be a bulk billed patient under Medicare for th | e cost of the services on the Request Form. | |
|---|--|--|
| Signature | | |
| On the day of your appointment please bring: | | |
| □ Copy of all previous scans and first trimester nuchal repo □ This request form from your Obstetrician or General Pract □ Medicare Card □ Antenatal Card – Yellow Card (if you have already received) | titioner | |
| I | nstructions | |
| Combined first trimester screening at 11 ⁺³ -13 ⁺⁶ weeks This involves a blood test at least 3 days before scan but not before 11 weeks. | Cervical length assessment Transvaginal scan may be recommended with an empty bladder. Fetal Growth / Wellbeing >22 weeks | |
| Drink 300mls of water 60 minutes prior to appointment. Chorionic villus sampling (CVS) at 11-14 weeks Please bring a copy of your blood group. | No preparation required. Gynaecological/pelvic scan | |
| Amniocentesis at 15+ weeks Please bring a copy of your blood group. | 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. Regular pain medication recommended 60 minutes prior to procedure. Deep infiltrating endometriosis Bowel prep is required prior to appointment. | |
| Fetal morphology 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 | | |

Drink 300mls of water 60 minutes prior to your appointment.