



Sydney  
Local Health District

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



Missenden Road, Camperdown NSW 2050  
Ph: 02 9515 6042 Fax: 02 9515 6579  
Email: SLHD-RPAHFetalMedicineUltrasound@health.nsw.gov.au

**Ritu Mogra** FRANZCOG COGU DDU  
Head, Ultrasound Department  
Provider Number: 4394431Y

Patient's name: \_\_\_\_\_ Referring specialist/GP: \_\_\_\_\_  
 Address: \_\_\_\_\_ HealthLink EDI: \_\_\_\_\_  
 \_\_\_\_\_ *To receive results electronically, a valid HealthLink EDI must be provided*  
 Phone: \_\_\_\_\_ Requesting doctor: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Provider No: \_\_\_\_\_  
 MRN: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medicare No: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Interpreter required **No** **Yes** \_\_\_\_\_

**Clinical Information (essential for accurate reporting):**

GA: \_\_\_\_\_ EDD: \_\_\_\_\_ Multiple: **No** **Yes**

**Routine Pregnancy Ultrasounds (can tick all boxes)**

- First Trimester Screening / NT + biochem
- Fetal Morphology
- Fetal Growth/Wellbeing (36 – 37<sup>+6</sup> weeks)

**Other Ultrasound Services**

- Early Pregnancy Assessment (EPAS)
- Non-Invasive Prenatal Testing (NIPT) ≥ 11 Weeks
- Early Fetal Echo (14-15 weeks)
- Chorionic Villus Sampling / Amniocentesis
- Cervical Length Assessment
- Fetal Medicine Consultation and Opinion
- 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**

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

**This request form must be presented at the time of appointment.**

## Please attend 15 minutes prior to appointment time

*I agree to be a bulk billed patient under Medicare for the 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 reports (*if done elsewhere*)

This request form from your Obstetrician or General Practitioner

Medicare Card

Antenatal Card – Yellow Card (*if you have already received one*)

---

## Instructions

---

### 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.

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.

### Amniocentesis at 15+ weeks

Please bring a copy of your blood group.

### 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.

### Cervical length assessment

Transvaginal scan may be recommended with an empty bladder.

### Fetal Growth / Wellbeing >22 weeks

No preparation required.

### 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.

Regular pain medication recommended 60 minutes prior to procedure.

### Deep infiltrating endometriosis

Bowel prep is required prior to appointment.