Ultrasound centre for Women

Ultrasound Request Form

Patient details

First Name: Surname:

Address:

Date of Birth: Telephone: Medicare No:

Referral details

Referral for:

Clinical Indicators: (please specify)

LMP:

EDD:

Requesting Practitioner:

Urgent: ☐ Telephone: Fax:

Copy to:

Signature: Date:

Notes:

• Internal Ultrasound (Transvaginal Ultrasound) for gynaecological and early pregnancy performed internally to provide the best quality images. If however Internal Ultrasound (Transvaginal Ultrasound) is inappropriate for you, External Ultrasound will be performed, this can be discussed when you make your appointment.

• Full payment by Cash, EFT, or Credit Card is required on the day of your appointment.