



Hawkesbury

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E: Hawkesbury@ufw.net.au

F: 02 4577 6834

Norwest

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F: 02 7801 2294

Parramatta

T: 02 7809 0947

E: Parramatta@ufw.net.au

F: 02 7809 0946

Penrith

T: 02 4732 3922 / 02 4721 2195

E: reception@pufw.com.au

F: 02 4732 3997

Appointment Date: _____ Time: _____ Location: _____

Patient Details: Name: _____

D.O.B: _____

REFERRAL FOR CONSULTATION

Dear **Dr Lanzarone / Delgado / Pineda / Sathasivam / Li / Joung**

Thank you for consulting the patient in conjunction with a requested scan:

Clinical Information:

LMP: _____ EDC: _____

_____	Counselling regarding ultrasound findings	
_____	MFM opinion	
_____	Ultrasound procedure	
_____	Management plan	

REQUEST FOR IMAGING - PLEASE TICK

PREGNANCY SCANS		TARGETED SCANS		GYNAECOLOGY SCANS	
DATING / VIABILITY SCAN		PRENATAL DIAGNOSIS (Amnio/CVS)		PELVIC SCAN	
FIRST TRIMESTER SCREENING		CERVICAL SURVEILLANCE		ENDOMETRIOSIS SCAN with bowel prep	
(NIPT) Non Invasive Prenatal Testing		SGA/IUGR SURVEILLANCE		MIRENA insertion/removal	
Nuchal Translucency		TWIN PREGNANCY SURVEILLANCE		ANTRAL FOLLICLE COUNT	
Preeclampsia		REVIEW OF SUSPECTED FETAL ANOMALY		TUBAL PATENCY ASSESSMENT (HyCoSy)	
EARLY ANATOMY SCAN		CARDIAC SCAN		SALINE sonography	
MIDTRIMESTER MORPHOLOGY SCAN		NEUROSONOGRAPHY		OTHER:	
GROWTH SCAN		FETAL PROCEDURE			
AFI & Flows					

Referring Doctor Information:

Name & Provider Number: _____

Date: _____ / _____ / _____ Signature: _____

Phone: _____ Fax: _____ Email: _____

Report Dispatched: _____ HealthLink: _____

PATIENT INFORMATION

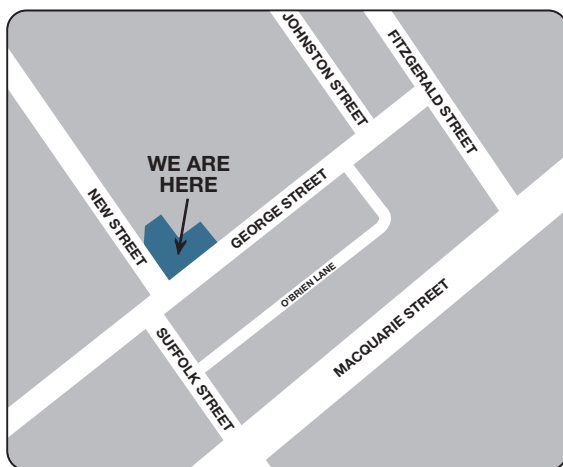
Appointment Instructions:

- Please bring your Medicare Card and referral.
- Please respect that these appointments are first & foremost a medical examination therefore only one support person may attend your scan. Children cannot attend the scan as they may distract the sonographer/doctor performing the examination. This could affect the scan quality and accuracy.
- If you are more than 15 minutes late for your appointment it may be rescheduled. Failure to attend or to provide sufficient notification may result in a cancellation fee.

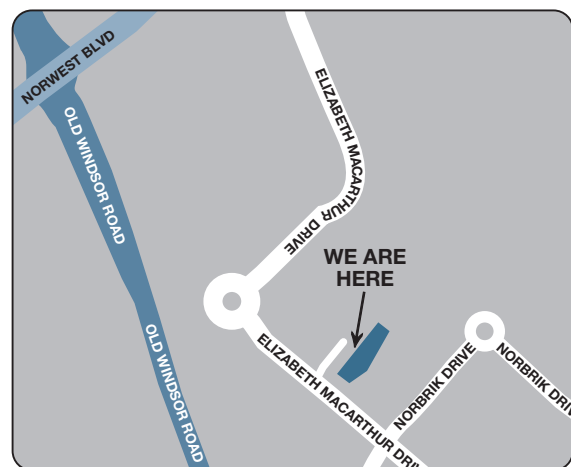
Preparation For Examinations:

- Gynaecological Scans: Please try to book in the first half of your cycle.
- If you are advised to have a full bladder, empty your bladder before drinking 500mls of water **1 HOUR** prior to your appointment. **DO NOT** empty your bladder again until after your ultrasound.

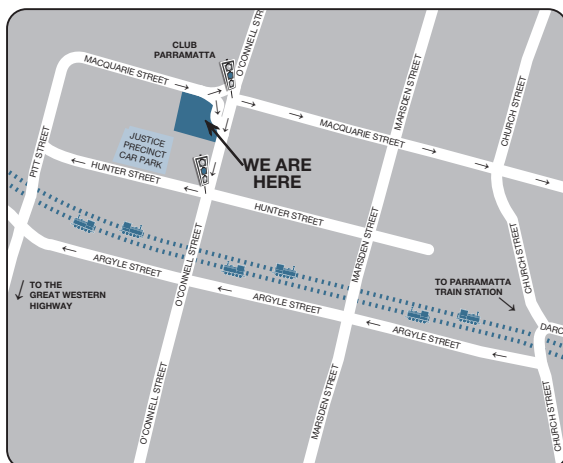
LOCATIONS



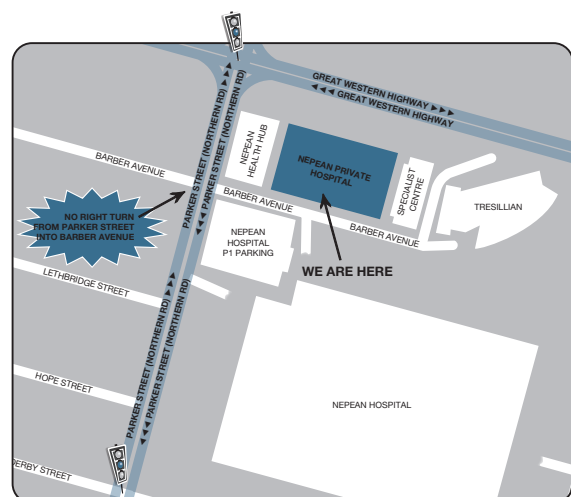
☐ **HAWKESBURY:**
Unit 10, 251 George Street
Windsor
TEL: 02 4587 8572



☐ **NORWEST:**
Bond Building, Suite 3.05
8 Elizabeth Macarthur Drive, Bella Vista
TEL: 02 7801 2295



☐ **PARRAMATTA:**
Level 4, Suite 4.03,
17 Macquarie Street
Parramatta
TEL: 02 7809 0947



☐ **PENRITH:**
Nepean Private Hospital
2nd Floor, Suite 210, 1-9 Barber Avenue
Kingswood NSW 2747
TEL: 02 4721 2195

PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT