



FAMILY NAME	MRN
GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DATE OF BIRTH ____/____/____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR ATTACH PATIENT LABEL HERE	

Facility:

SCAN REQUEST - WESTMEAD INSTITUTE FOR MATERNAL & FETAL MEDICINE

A/Prof. Indika ALAHAKOONMB BS, FRANZCOG, DDU, CMFM PhD
 Dr. Neil ATHAYDE.....MB BS, FRANZCOG, DDU, CMFM
 Dr. Kathryn GRAHAM..... BMedSc(Hons 1), MBBS, FRANZCOG, DDU, COGU
 Dr. Roshini NAYYARFRANZCOG, DDU, CMFM
 Prof. Dharmindra PASUPATHYMB ChB MSc PhD FRCOG

Please Circle

Urgent

<24 hours
 <48 hours
 <7 days
 Routine

Interpreter:

Requested Services

Ultrasound
 Ultrasound & MFM Consult
 Ultrasound, MFM Consult and Assume Care
 Diagnostic Procedure
 Fetal Therapy

Patient Location

Women's Health Ward Birth Unit
 Bed # _____
 Transport Ambulant
 Women's Health Clinic
 Private
 Other (please specify)

Office Use Only

Date received ____/____/____
 Appointment date ____/____/____
 Time _____

Referring office notified
 Appointment confirmed with patient

Clinical History

G ____ P ____ Singleton / Multiple

LMP: _____ Chorionicity: _____

EDC: _____ Blood Group: _____

Scan Required

Nuchal Translucency/First Trimester morphology Fetal Growth / Welfare
 Fetal Anomaly New/Follow up Cervical Assessment
 Tertiary Fetal Morphology Multiple Pregnancy
 Prenatal Diagnosis: Amniocentesis/Chronic villus

Indication for Referral

Please attach clinical information, previous scans & relevant reports, Blood group for procedures and scanning

Referring Doctor

Name: _____

Address: _____

Phone/Fax: _____

Provider Number: _____

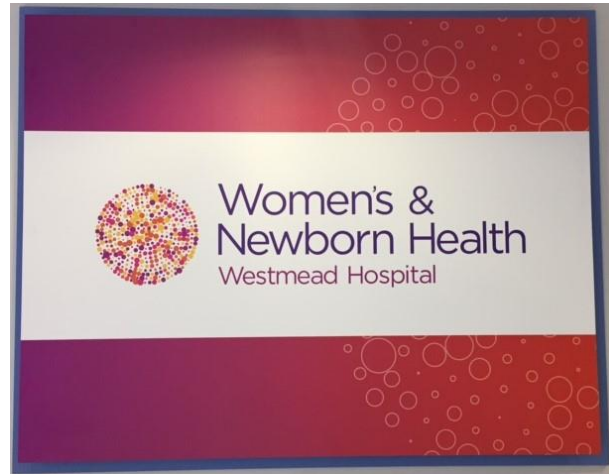
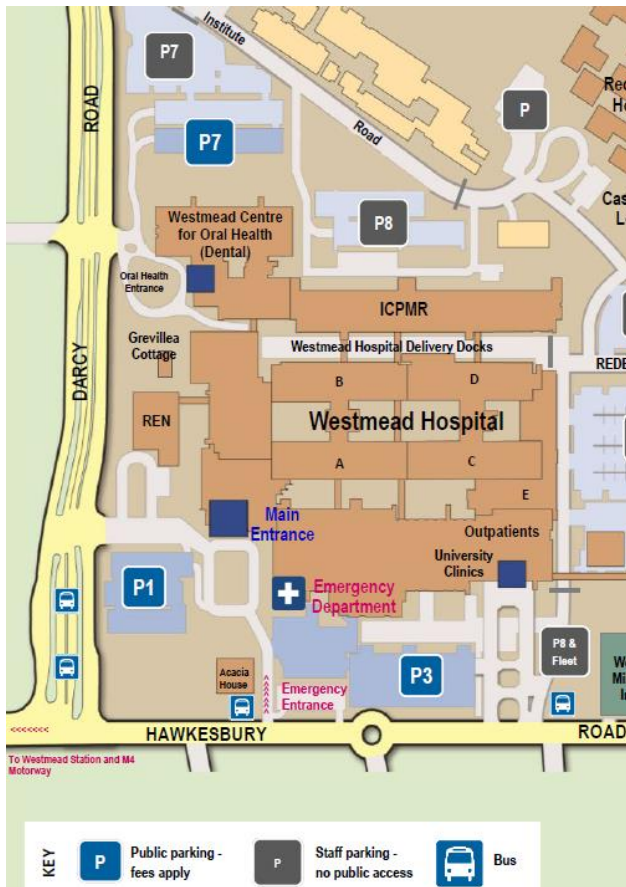
Signature: _____ Date: ____/____/____

For appointments, telephone (02) 8890 6802
 Women's Health Clinic, Level 2, Westmead Hospital Main Entrance | Mail: PO Box 533, Wentworthville NSW 2145
 Fax: (02) 9891 1216 | MFM Midwife 0428 611 831 | Email: WSLHD-info.wimfm@health.nsw.gov.au
 * Patient and ultrasound information may be used for ethics-approved research *

SCAN FOR REQUEST - WESTMEAD INSTITUTE FOR MATERNAL & FETAL MEDICINE

Information sheet for ultrasound patients

Westmead Institute for Maternal Fetal Medicine is located inside the Women's Health Clinic, to the left of the Main Hospital Entrance information desk.



- ▶ The nearest train station is Westmead station.
- ▶ There is paid parking onsite at the Hospital. Please allow extra time to find a park.
- ▶ Please drink 1 glass of water 1 hour before your scan.
- ▶ Please bring previous scans and reports with you.
- ▶ Before your scan, there will be around 15 minutes of important administrative time when your information will be processed, although you may not be in the ultrasound room then.
- ▶ No mobile phones are allowed to be used in the ultrasound scanning room.
- ▶ You are allowed to bring 1 support person into the ultrasound scanning room with you. Variations to this are at the discretion of the sonographer and hospital protocols.
- ▶ While the sonographer may be able to answer some of your questions at the end of the scan, the report will be available after the scans are reviewed and reported on by one of our Maternal Fetal specialist doctors.
- ▶ You might also be asked to wait for a doctor consultation regarding your scan outcome.