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Suite 7.106 Level 7
Nicholson Street Specialist Centre
83 Nicholson Street
GREENSLOPES 4120
Ph: (07) 3216 9211
Fax: (07) 3423 8602

SPECIFIC REQUESTS

REQUEST FORM

PATIENT DETAILS

NAME:
DOB:
ADDRESS:

PHONE NO:

REFERRAL DETAILS

DOCTOR:
PROVIDER NO.:
ADDRESS:

PHONE NO.: FAX NO.:

SIGNATURE: DATE:

CLINICAL DETAILS

LMP: EDC: BLOOD GROUP:

OBSTETRIC ULTRASOUND

- □ Consultation
- □ First Trimester viability/dating scan
- □ Nuchal Translucency Scan (12 – 13 weeks)
  Biochemistry (*between week 10½ & 11)* □S&N □QML
- □ Amniocentesis (from 14 weeks)
- □ CVS (from 12 weeks)
- □ Morphology scan (from 19 – 22 weeks)
- □ 3rd Trimester/Growth and Well Being scan
- □ Tertiary scan/Second opinion scan
- □ NIPT

GYNAECOLOGY ULTRASOUND

- □ Pelvic ultrasound
- □ Saline Sonohysterogram/Levovist studies (first half of cycle)
- □ Ultrasound guided endometrial biopsy
- □ Drainage of ovarian cyst

OFFICE USE ONLY

Name: _____
DOB: _____
Procedure: _____
Consent: _____

Initials: _____