Dr Ken W.S. Tan
MBBS (UNSW) FRANZCOG MRMed DDU

Canberra Specialist Centre
Suite B8, 161 Strickland Crescent
Deakin ACT 2600

Phone : 02 6260 5822
Fax : 02 6260 3911

Place patient sticker here

Ultrasound Request Form

Patient Name: _____ DOB: ___/___/_____

Contact Phone: _____

Clinical Details: LMP _____ EDC _____ G _____ P _____

Clinical History/Indications:

_____

_____

_____

OBSTETRIC ULTRASOUND EXAMINATION

- ☑ Early Pregnancy Assessment
- ☑ Nuchal Translucency with Biochemistry
- ☐ CVS or Amniocentesis (Blood group:_____)
- ☑ Morphology examination (after 18 weeks)
- ☑ Growth and wellbeing
- ☐ Tertiary and Second opinion examination
- ☐ Multiple pregnancy:
  - o Morphology o Growth & wellbeing
- ☐ Non invasive prenatal testing counselling:
- ☑ Management of pregnancy & delivery
- ☐ Other

GYNAECOLOGICAL ULTRASOUND EXAMINATION

- ☐ Pelvic ultrasound

Referring Doctor: _____ Provider Number: #_____

Date of Referral ___/___/_____ Signature: _____

Referrer Address: _____

Additional reports to: _____