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MBBS(WA) FRANZCOG DDU MPH&TM

Dr Suzanne Meharry
MBBS(Hons) FRANZCOG DDU

Patient name D.O.B. ____ / ____ / ____

Address

GYNAECOLOGY

LMP/EDD Date ____ / ____ / 20____

PREGNANCY - MULTIPLE

☐ Early Pregnancy

☐ First Trimester Screen

☐ Fetal Anatomy

☐ Fetal Growth

☐ Medicare Indication
(please tick)

☐ Amniocentesis

☐ Consultation

☐ At risk of anomaly

☐ CVS

☐ Advanced maternal age

☐ Other (provide details below)

Medicare requires a valid indication for all obstetric scans other than the anatomy scan.

Your doctor has recommended you use Women's Imaging Services.
You may choose another provider but please discuss this with your doctor first.

REFERRAL FORM

Referring Doctor:

Provider No:

Please insert your stamp here.

SIGNATURE:

Date:

REPORT

☐

Phone

☐

Fax

☐

Post

Women's Imaging Services, 442 Barker Road, Subiaco WA 6008

How to find us..

Please note:

You cannot turn right into Barker Road from Railway Road.

It is only left turn out of Barker Road.



INSTRUCTIONS:

PLEASE ADVISE US WHEN MAKING YOUR APPOINTMENT IF YOU ARE HAVING TWINS (OR MORE).

OBSTETRICS:

Drink 1 glass of water 1 hour prior to your examination.
Documentation of your blood group will be required if having an amniocentesis or CVS.

GYNAECOLOGY:

Most gynaecology ultrasound is best performed from day 5 to day 11 of the cycle. Drink 1 glass of water 1 hour prior to your exam.

WE SUGGEST YOU TELEPHONE 30 MINUTES PRIOR TO YOUR APPOINTMENT TO ENSURE YOUR WAITING TIME IS LIMITED.

IF YOU ARE HAVING A PROCEDURE PLEASE REFER TO OUR WEBSITE FOR INFORMATION AND INSTRUCTIONS.

www.womensimagingervices.com.au