

WOMEN'S IMAGING REQUEST



Queensland Government

Royal Brisbane and Women's Hospital

Level 3, Ned Hanlon Building, Herston 4029

Phone: 3646 2606 Fax: (07) 3646 5379

Metro North Health

UR..... ☐ Female ☐ Male ☐ Other

Family Name.....

Given Names.....

DOB...../...../.....

Home address.....

Phone No.....

☐ Inpatient

Ward.....

☐ Outpatient

Clinic.....

☐ Routine

☐ At

Weeks GA

☐ Within.....

weeks

☐ Urgent

☐ Next OPD appt/...../.....

EXAMINATION REQUESTED

Obstetric Ultrasound

☐ 1st Trimester Viability / Dating Scan

☐ Nuchal Translucency

☐ First Trimester Serum Screening

(To be arranged 5 days prior to U/S) ☐ Hosp. ☐ QML ☐ S+N

☐ 12-14 Wk Early Anatomy Scan (NIPT performed.....)

☐ 18-22 Wk Morphology Scan

☐ Growth & Well-Being Scan

☐ Multiple pregnancy growth scan

☐ Cervical Length screening

Gynaecology

☐ Ultrasound Pelvis

☐ TA only

☐ TA and TV (TV to be discussed with patient)

☐ Saline Sonohysterogram (day 8-10 of cycle)

☐ Hysterosalpingogram (HSG) day 8-10 (X-ray)

CLINICAL DETAILS

☐ No clinical concerns. Routine follow-up

or This imaging is needed to (tick one and explain)

☐ Confirm

☐ Exclude

☐ Define

☐ Progress of

G P M E T

LNMP:

EDD:

Current BMI.....

Sonographer's comments

Time

Date

Room

Initials

Requested by

Pager/Phone

Signature

Consultant

Provider No

Date