

Referral Form



Professor Jan Dickinson AM
Dr Scott White
Dr Shin Lee
Dr Winston Almeida
Dr Heidi Hughes-D'Aeth
Ms Karen Harrop
Dr Darshan Kothari

Patient Information

Name _____
DOB _____ Phone _____
Address _____

Examination requested

Obstetrics

- Dating and viability
- First trimester screen
- First trimester fetal anatomy
- Second trimester fetal anatomy
- Third trimester growth and wellbeing
- Suspected fetal abnormality
- CVS or amniocentesis
- Maternal-Fetal Medicine consultation

Gynaecology

- Pelvic ultrasound
- Antral follicle count
- Deep infiltrating endometriosis assessment
- Saline infusion sonography
- HyCoSy
- Genetic counselling**
- Fetal cardiology**

Clinical details

LMP / EDD: _____

Other: _____

Referring practitioner

Name _____

Address _____

Phone / Fax _____ Provider number _____

Preferred report modality: HealthInk Fax Mail

Signature _____

Date _____

Location

64 Churchill Ave, Subiaco WA 6008



Obstetrics: Drink 1 glass of water 1 hour prior to your examination. Please bring documentation of your blood group if you are scheduled for a CVS or amniocentesis.

Gynaecology: These examinations are optimally performed in the first 5-11 days after the first day of your menstrual period. Some urine in your bladder is helpful for the abdominal portion of the examination. If you are having an obstetric or gynaecology procedure please refer to our website for information and instructions.

Your referring practitioner has recommended that you attend Aurora Imaging.

You are welcome to choose another provider but please discuss this with your doctor or midwife.

auroraimaging.com.au

t 08 6118 5660 f 08 6118 5666 e reception@auroraimaging.com.au a 64 Churchill Ave, Subiaco WA 6008