



**Newcastle Obstetrics
& Specialist Ultrasound**
www.obstetricsnewcastle.com.au

Suite 1.6 (Level 1), 26 Lookout Road,
New Lambton Heights NSW 2305
Phone: 02 4952 6555
Fax: 02 4952 6299
Email: admin@obstetricsnewcastle.com.au



**Australian Fetal
Assessment Centre**
Gynaecological Imaging
Generations of Care

a-fac.com.au

A Family Member of the
Australian Fetal Assessment Centre (AFAC)
www.a-fac.com.au

Referral Form

A/Prof Felicity Park (PN: 257412AW)
MBBS FRANZCOG DDU CMFM
Dr Ailsa Borbolla Foster (PN: 2910458A)
MBBS FRANZCOG CMFM
Dr Rina Fyfe
FRANZCOG CMFM DDU
Dr Ken W.S. Tan (PN: 3215451Y)
BSc MBBS FRANZCOG DDU MTM MRMed (UNSW)

PATIENT DETAILS:

First Name: Last Name:
Preferred First Name: Date of Birth:
Email: Mobile Phone No:
LMP: EDD: G: P:

***PLEASE INCLUDE COPIES OF PRIOR IMAGING AND TESTS**

CLINICAL HISTORY / INDICATIONS:

PREGNANCY SCREENING:

SINGLETON ☐

MULTIPLE PREGNANCY ☐

☐ Genetic Carrier Screening (VCGS Prepair) *Coming Soon*

☐ NIPT Package *Coming Soon*

Includes early pregnancy scan and blood collection of NIPT and FTS.

☐ Combined First Trimester Screen (12-13 weeks)

*Including early anatomy, **nuchal translucency (NT)**, nasal bone and risk assessment using clinical, biochemical and ultrasound information. Please provide pathology request form for PAPP-A, bHCG and PAGF. Including Pre-Eclampsia screening.*

OBSTETRIC ULTRASOUND:

SINGLETON ☐

MULTIPLE PREGNANCY ☐

☐ Early Pregnancy / Dating

☐ Morphology (19-22 weeks)

☐ Growth and Wellbeing

☐ Tertiary & Second Opinion Examination

☐ CVS / Amniocentesis

GYNAECOLOGICAL ULTRASOUND:

☐ Pelvic Ultrasound

☐ Endometriosis Scan

A detailed study looking for evidence of deep invasive endometriosis.

☐ Saline Sonography

☐ HyCosy Contrast Ultrasound with Tubal Patency Assessment

☐ Ultrasound guided insertion of IUCD

Please provide patient with script for IUCD.

REFERRING DOCTOR DETAILS:

Practitioner's Name:

Provider Number:

Date of Referral:

Practice Address:

Signature: