

# **Referral Form**

a-fac.com.au

Dr Roberto Orefice B.App Sc.MBBS AHFEA FRANZCOG DDU CMFM Dr Meiri Robertson MBChB BSc (MedSc Hon) Dip FM

BSc MBBS MTM MRMed FRANZCOG DDU

Dr Ken W.S. Tan

Generations of Care

#### Select Your Preferred Location(s):

CFAC Deakin ACT hello@cfac.com.au CFAC Bruce ACT hello@cfac.com.au

MFAC Moruya NSW hello@m-fac.com.au QFAC Queanbeyan NSW hello@qfac.com.au

(Launching February 2026)

**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:

Genetic Carrier Screening (VCGS Prepair)

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

#### SINGLETON

# MULTIPLE PREGNANCY

Combined First Trimester Screen (12-13 weeks) Including early anatomy, nuchal translucency, 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:**

Early Pregnancy / Dating

Morphology (19-22 weeks)

Growth and Wellbeing

#### **SINGLETON**

**MULTIPLE PREGNANCY** 

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:

Address:

Signature:



# **Referral Form**

a-fac.com.au

Dr Roberto Orefice B.App Sc.MBBS AHFEA FRANZCOG DDU CMFM Dr Meiri Robertson MBChB BSc (MedSc Hon) Dip FM Dr Ken W.S. Tan

BSc MBBS MTM MRMed FRANZCOG DDU

Generations of Care



## **Deakin**

Suite 3-7 Strickland Crs Deakin ACT 2600 Phone: (02) 6162 0582

Fax: (02) 6189 1012 E: hello@cfac.com.au



#### **Bruce**

85/15 Braybrooke St Bruce ACT 2617

Phone: 02-6162 0582 Fax: (02) 6189 1012 E: hello@cfac.com.au



# Moruya

22 Church St Moruya NSW 2537 Phone: (02) 4404 9766 Fax: (02) 5115 0723

E: hello@m-fac.com.au



# Queanbeyan

49 Antill St Queanbeyan NSW 2620 E: hello@qfac.com.au (Launching February 2026)