

# WOMEN'S IMAGING REQUEST



**Royal Brisbane and Women's Hospital**  
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Metro North Hospital and Health Service

Patient information sheets available at [www.qheps.health.qld.gov.au/consent](http://www.qheps.health.qld.gov.au/consent)

UR.....  Female  Male  Indeterminate  
Family Name.....  
Given Names.....  
DOB ...../...../.....  
Home address.....  
Phone Nos.....

Inpatient  
 Outpatient  
 Bulk Bill

Ward.....  
Clinic.....

Routine  
 Within.....  
weeks

Urgent  
*(Must arrange with Specialist)*  
 Next OPD appt ...../...../.....

## EXAMINATION REQUESTED

### Obstetric Ultrasound

- 1st Trimester Viability / Dating Scan
- 11 Wk 4 Day - 13 Wk 6 Day Nuchal Translucency +/- Karyotype
  - First Trimester Serum Screening  
(GP to arrange this 5 days prior to U/S)  Hosp.  QML  S+N
- 18-20 Wk Morphology Scan
- Growth & Well-Being Scan
- Multiple pregnancy growth scan
- Cervical Length screening  Frequency.....

### Gynaecology

- TV Scan  TV consented  yes  No
- Ultrasound Pelvis
- Saline sonohysterogram (day 10 of cycle)
- Hysterosalpingogram (HSG) day 10 (X-ray)

## RADIOLOGY FINAL CHECK

- Patient identification verified
- Procedure & consent verified
- Correct side & site verified
- Correct patient data & side markers

## YES

- 
- 
- 
- 

Sonographer/Radiographer

Signature.....

### General Ultrasound

- Abdomen  Renal

### Neonatal Ultrasound

- Cranium  Abdomen
- Renal  Hips

Fetal MRI / **complete general imaging blue request form for MRI**

## 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.....**

## Imaging pathway for BMI>40

1. Nuchal scan (11w4d-13w6d)
2. TV scan (14-16w)
3. Morphology scan (22w)
4. Growth scan if necessary (28 or 34w)

Radiologist protocol /Initial.....

Radiographers comments

Requested by ..... Consultant .....  Bulk Bill  
Pager/Phone ..... Provider No .....  
Signature ..... Date .....

Time .....

Date .....

Room .....

Initials .....