

**PATIENT DETAILS**

UR : \_\_\_\_\_  
Patient's Name : \_\_\_\_\_ D.O.B: / / Medicare No: \_\_\_\_\_  
Phone/Mobile : \_\_\_\_\_ Email : \_\_\_\_\_  
Address : \_\_\_\_\_



**A/Prof Joanne Said** MBBS FRANZCOG CMFM PhD

Your doctor has recommended that you use Western Imaging for Women. You may choose to use another provider but please discuss this with your doctor first.

**EXAMINATION**

**OFFICE USE**

APPOINTMENT / /  
TIME \_\_\_\_\_

**CLINICAL NOTES**

LMP \_\_\_\_\_  
EDD \_\_\_\_\_  
Blood Group \_\_\_\_\_

**REFERRING DOCTOR :**

Provider Number : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Fax : \_\_\_\_\_ Date : / /

Address : \_\_\_\_\_  
Phone/Mobile : \_\_\_\_\_  
Copy to: \_\_\_\_\_

**316/1 Thomas Holmes St Maribyrnong VIC 3032**

**PATIENT INFORMATION**

- A full bladder is preferred but not essential for all scans.
- Many early pregnancy and gynaecological scans will require a transvaginal scan. If you have any concerns about a transvaginal scan please discuss at time of booking and/or at time of examination.
- USB sticks for recording ultrasound images are available for purchase from reception.
- Full payment is required at completion of examination.
- Children are welcome during the scan but should be supervised by another family member or friend.

