

**CAIRNS
OBSTETRICS & GYNAECOLGY**

Your doctor has recommended that you use Dr. Natalie Kiesey-Calding of Cairns Obstetrics and Gynaecology for your ultrasounds. You may of course choose another provider, but please discuss this with your doctor first.

Patient Name:

Address:

Date of Birth:

Medicare Number:

Contact Telephone:

Contact email:

LNMP:

EDD (if known):

Nuchal Translucency Scanning (11-14 weeks gestation)

Please tick the box to request this examination

NB: MUST have an **indication** to obtain a Medicare rebate for the patient

Indications below deemed relevant by Medicare, please select one by ticking the box:

Hyperemesis

Advanced Maternal Age

Pregnancy after IVF – if so, then also need:

EPU (egg pick-up date) _____ that made this embryo?

IVF ICSI

Risk of Fetal Abnormality

Other – please write down the indication from the Medicare list available on MBS online.

Morphology scanning (17-22 weeks gestation)

Please tick the box to request this examination, no indication required

Referring Doctor's Signature:

Referring Doctor's Name:

Provider Number:

Date: