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| https://intranet.mercyhealth.com.au/about-us/PublishingImages/HighRes_Mercy%20Health_Full%20Colour%20Logo.jpg | **Radiology & Ultrasound Request** |
| Mercy Public Hospital Inc- Mercy Hospital for Women |
| 163 Studley Road, Heidelberg Vic 3084 | **Phone:** 03 8458 4300 **Fax:** 038458 4241 |
|  |  Hours: Monday to Friday 08:30AM to 5:00Pm |

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| **This referral can be used at any time at any appropriate imaging provider after discussion with your doctor** |

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| **Patient Details**  | **Previous MHW patient?** |[ ]  **Yes** |[ ]  **No** |
| **Full Name:**  | Click here to enter text. | **Eligible for Medicare?**  |[ ]  **Yes** |[ ]  **No** |
| **Date of Birth:** | Click here to enter text. | **Medicare No:** | Click here to enter text. |
| **Address:** | Click here to enter text. | **Medicare IRN:** | Choose an item. | **Exp. Date:** | Click here to enter text. |
| **Suburb:** | Click here to enter text. | **Post Code:** | Click here to enter text. |  |
| **Phone (H):** | Click here to enter text. | **Work Phone:** | Click here to enter text. |
| **Mobile:** | Click here to enter text. |  |

**Investigation Required**

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|[ ]  20 Week Routine Morphology Scan |
|[ ]  Other (Please Specify) | Click here to enter text. |
|  | Click here to enter text. |

**Clinical Question**

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| **LMP or USS Corrected EDD** | Enter | **BMI>30** |[ ]  Yes |[ ]  No | Height (cm): | Enter text | Weight (kg):  | Enter text. |

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|  You must bring this form to your appointment A minimal amount of parking is available at the Mercy. There is car parking in the streets around the Mercy for usually 2-3 hours. Please allow adequate time for car parking so that you do not miss your appointment Once you exit the Mercy Hospital for Womens lift on Level 3 please turn left and you will see the medical imaging reception desk straight ahead |  |

**Requesting Doctor**

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| **Name:**Click here to enter text. | **Provider no.:** Click here to enter text. |
| **Practice Name & Address:** Click here to enter text. |
| Click here to enter text. | **Postcode:**Click here to enter text. |
| **Phone:** | Click here to enter text. | **Fax:** | Click here to enter text. |

**Doctor’s signature: Date:**