|  |  |  |
| --- | --- | --- |
| 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 | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**

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

**Clinical Question**

|  |
| --- |
|  |

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

|  |  |
| --- | --- |
|  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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:**