

Date

Time

Patient Details

Name:

Date of Birth:

Phone: (H)

Address:

Phone: (B)

Medicare No:

Examination Requested

Clinical Details

G P EDC

Referring Doctor Details

Results

Copies To

Doctor Signature

Date

/

/

PLEASE BRING THIS FORM, YOUR MEDICARE CARD AND ANY RELEVANT PREVIOUS FILMS WITH YOU

Location

Adelaide Women's Imaging

Tennyson Centre
 520 South Road
 Kurralta Park SA 5037

P 08 8193 9522

F 08 8193 9518

awi@adelaidewomensimaging.com.au

www.adelaidewomensimaging.com.au

How to find us

Within the Tennyson Centre, corner of Tennyson Street and South Road.



CAR PARKING available at rear of building via Tennyson Street.

Patient Details	
Pregnancy Ultrasound	
<22 Weeks: i.e. Dating, 13 Week Scan, Morphology	You need to have a full bladder. Drink 600 mls of water finishing at least 1 hour prior to your appointment and hold.
>22 Weeks: i.e. Growth, AFI and Dopplers	No special preparation required. Maintain normal fluid intake.
CVS – Chorionic Villious Sampling	You need to have a full bladder. Drink 600mls of water finishing at least 1 hour prior to your appointment and hold.
Amniocentesis	No special preparation required. Maintain normal fluid intake.
Gynaecological Ultrasound	
Pelvic	To examine the uterus (womb) and ovaries you need to have a full bladder. Drink 600mls of water finishing at least 1 hour prior to your appointment and hold.
Hycosy	You need to have a full bladder. Drink 600mls of water finishing at least 1 hour prior to your appointment and hold.
Mirena	You need to have a full bladder. Drink 600mls of water finishing at least 1 hour prior to your appointment and hold.

Allow Time for Your Examination

Appointment times may vary depending on your gestation. Occasionally the baby will be in a poor position for the examination and delays may occur, however we will always do our best to run on time, please consider this when booking other appointments or other commitments following your scan. As you would understand, obstetrics and gynaecology are areas where unexpected emergencies may occur. Provision is made for urgent cases but occasionally some emergencies will interrupt the bookings and may cause delays. Equally if you are late for your appointment, you may be delayed or re-booked so as not to inconvenience other patients. Please contact our friendly staff if you need to cancel or rebook, as we have a waiting list.

*Please note charges may apply with non-attendance and cancellations made less than 24 hours prior to your appointment.

Charges

Upon making your booking, we will inform you of the anticipated charges. Full payment is required on the day. Payments may be made by Cash, Cheque, MasterCard or VISA. Our staff will send your claim through to Medicare where a rebate will be deposited into your nominated account with Medicare. (Approximately 3 working days.)

CLINIC USE ONLY

Visual Check		Modality	Screen
Correct name	Y	N	N
Correct DOB	Y	N	N
Correct address	Y	N	N
Clinical details read	Y	N	N
Verbal Check			
Consent obtained	Y	N	
Checked by			

Agreement of Benefits		I offer to assign my right to benefits to the diagnostic imaging provider who will render the requested radiology service(s) and any radiology determinable service(s) established as necessary by the Radiologist.	
Patient/Carer signature <small>Please circle</small>		Date	
Arrival Checklist			
<input type="checkbox"/> Correct Patient/DOB/Address <input type="checkbox"/> Correct Procedure <input type="checkbox"/> Correct Referring Doctor/Location <input type="checkbox"/> Correct Referral Date	Request/Referral	<input type="checkbox"/> Correct Referral Date <input type="checkbox"/> Correct Referring Doctor/Location	Final Verification
<input type="checkbox"/> Correct Patient/DOB/Address <input type="checkbox"/> Correct Procedure <input type="checkbox"/> Correct Referring Doctor/Location <input type="checkbox"/> Correct Referral Date	Procedure	<input type="checkbox"/> Correct Referring Doctor/Location <input type="checkbox"/> Correct Referral Date	Request/Referral
<input type="checkbox"/> Correct Patient/DOB/Address <input type="checkbox"/> Correct Procedure <input type="checkbox"/> Correct Referring Doctor/Location <input type="checkbox"/> Correct Referral Date	Patient	<input type="checkbox"/> Correct Referring Doctor/Location <input type="checkbox"/> Correct Referral Date	Final Verification