



**I**dentify

**Patient Name:**  
(Affix Patient's ID label here)

ADDRESS:

D.O.B: \_\_\_\_\_ M / F

Is an interpreter required **Y**  **N**

Language spoken at home \_\_\_\_\_

**Requester Details**

Name\*: .....

RMO / registrar / senior registrar / consultant / GP / Shared care affiliate

Contact page / extension / mobile.....

**Provider number\*:** .....

**Copy of results to:** .....

**Senior Registrar or Specialist Obstetrician providing approval for ultrasound:**

Name\*: .....

Provider number\*: .....

**S**ituation

**Clinical Details/Indication\***  **South Asian** (See: Prolonged pregnancy procedure)

EDD\* .....

(See over page for clinical indication requirements)

**B**ackground

**Past obstetric/medical history**

**A**ssessment

**Provisional diagnosis**

**R**equest

**Examination requested\***

**Biometry (Growth scan)**

**Note:** This request form is only valid for one biometry. Subsequent biometries require additional request forms. No other tests can be requested in the same form as a biometry.

<input type="checkbox"/> Biophysical Profile	<input type="checkbox"/> AFI	<input type="checkbox"/> Celestone
<input type="checkbox"/> Umbilical Artery Doppler	<input type="checkbox"/> CPR	<input type="checkbox"/> Blood pressure check
<input type="checkbox"/> MCA PI Doppler	<input type="checkbox"/> CTG	<input type="checkbox"/> Blood pressure profile
<input type="checkbox"/> MCA PSV Doppler	<input type="checkbox"/> Presentation	<input type="checkbox"/> Urinalysis
<input type="checkbox"/> DV	<input type="checkbox"/> ECV	<input type="checkbox"/> Uterine Artery Doppler

**Frequency of monitoring\*** \_\_\_\_\_

**Note:** A request for ongoing surveillance is only valid for 7 days after the first service is rendered.

**Signature\*** \_\_\_\_\_ **Date\*** \_\_\_\_\_

\* Each section with an asterisk must be completed and legible. See over page for more details.

**OFFICE USE ONLY**

Date request first used: \_\_\_\_\_ Date request expires: \_\_\_\_\_

## Guidelines for requesting investigations in the Fetal Surveillance Unit

The following is required for compliance with Medicare.

### ALL SERVICES

#### E.g. CTG, Biophysical, Blood Pressure Profile, Biometry (Growth scan)

For all requests to the Fetal Surveillance Unit, the following must be adhered to:

1. Three patient identifiers
2. Requester name and provider number stamped or legibly printed
3. Clinical indication
4. Estimated due date
5. Examination(s) requested
6. Signature of requesting practitioner
7. Date of request

### ULTRASOUNDS

#### E.g. AFI, UA, MCA, Biophysical

In addition to the above requirements, requests for ultrasounds must also adhere to the following:

1. For any request not signed by a Senior Registrar or a Specialist Obstetrician, an approving Senior Registrar or Specialist Obstetrician's name and provider number must be included.
2. The request must list an indication from the list below.
3. A request for ongoing ultrasound surveillance is **valid for 7 days** after the first episode of care. A new request is required for further surveillance after this period.

### ONGOING SURVEILLANCE

A request for ongoing surveillance (for any test or scan) is **valid for 7 days** after the first episode of care. A new request is required for further surveillance after this period.

### BIOMETRY (GROWTH SCAN)

Requests for Biometries must also adhere to the following:

1. Biometries must be ordered on a **SEPARATE REQUEST FORM** to all other services.
2. A new request is required for **each appointment**.
3. Requests not signed by a Senior Registrar or a Specialist Obstetrician must have an approving Senior Registrar or Specialist Obstetrician's name and provider number included.
4. The request must list an indication from the list below.

### Indications for Ultrasounds and Biometries, > 22 weeks

Please refer to PROMPT clinical guidelines for specific indications and appropriate surveillance.

The above is required for MBS billing compliance.