

 **Dr Prayatna Shetty**
Maternal Fetal Medicine



Obstetrician and Maternal and Fetal medicine specialist
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Website: obstetriciansydney.com.au

Referring doctor details:

Name: Provider

Number:.....

Address:
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Phone : Fax:
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Email:
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Patient details:

Name:
.....DOB:
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Address:.....
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Phone:
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Email:
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Reason for referral:

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- € **Preconception consult:** For high-risk maternal condition or previous adverse outcome.
- € **Ultrasound related consults:** Any fetal or placental anomalies detected on US / second opinion morphology US/ Placental or growth abnormalities on US / Preterm birth: cervical length scans.
- € **Genetic screening related consults:** Prenatal screening / combined first trimester screening / NIPT
- € **Amniocentesis or CVS or genetic anomaly related consult**
- € **Antenatal consultation and care**
- € **Second opinion consultation in pregnancy**
- € **Contraception advice**
- € **Gynaecological consultation**

Please fax all referrals to **0284161658** or email to info@obstetriciansydney.com.au

Patients can just bring the referral with them at their appointment. If the appointment is urgent, please call us directly and we will do our best to see the patient as soon as possible.