

Dr Philippa Ramsay MBBS FRANZCOG DDU COGU
Dr Linda Atkins MBBS (Hons) FRANZCOG DDU
Dr Joanne Ludlow MBChB MM (Clin Epi) FRANZCOG FRCOG DDU
Dr Karen Mizia MBBS BSc MPH FRANZCOG DDU COGU
Dr Lynn Townsend MBBS BSc (Hons) FRANZCOG DDU
Dr Lucy Bowyer MBBS BMed Sci Hons MD DDU FRCOG FRANZCOG CMFM

SAN Ultrasound for Women

Sydney Adventist Hospital
 185 Fox Valley Road
 Wahroonga NSW 2076
Tel: 9487-9800 **Fax:** 9487-9803

Ultrasound Care Kent Street

Level 3, 321 Kent Street
 Sydney NSW 2000
Tel: 9262-2944 **Fax:** 9262-6111

Ultrasound Care Macquarie Street

Suite 3, Level 7
 139 Macquarie Street
 Sydney NSW 2000
Tel: 9251-7799 **Fax:** 9251-5599

Ultrasound Care Newtown

RPA Medical Centre
 412/100 Carillon Avenue
 Newtown NSW 2042
Tel: 9519-0999 **Fax:** 9519-0606

Ultrasound Care Greenwich

170 Pacific Highway
 Greenwich NSW 2065
Tel: 9439-9711 **Fax:** 9439-3711

Ultrasound Care Bondi Junction

Suite 1603, Westfield Tower 2
 101 Grafton Street
 Bondi Junction NSW 2022
Tel: 8383-4100 **Fax:** 8383-4199

Ultrasound Care Randwick

2 Hay Street, Randwick NSW 2031
Tel: 9314-8999 **Fax:** 9314-8990

Name: DOB:	
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Type of Service:

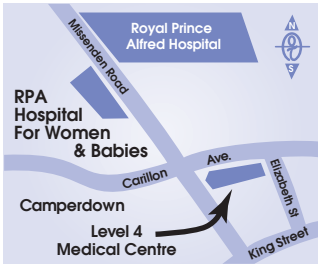
<input type="checkbox"/> Early Pregnancy	<input type="checkbox"/> CVS	<input type="checkbox"/> Anti-D Injection
<input type="checkbox"/> Free fetal DNA	<input type="checkbox"/> Amniocentesis	<input type="checkbox"/> Pelvic
<input type="checkbox"/> Nuchal & Serum Screening	<input type="checkbox"/> Morphology (17-20 weeks)	<input type="checkbox"/> Sonohysterogram
<input type="checkbox"/> Pre-eclampsia Screening	<input type="checkbox"/> Growth/Wellbeing	<input type="checkbox"/> Tubal Patency
<input type="checkbox"/> Genetic Counselling	<input type="checkbox"/> Biophysical Profile	<input type="checkbox"/> Endometriosis with Bowel Preparation
<input type="checkbox"/> Early Structural (12-16 weeks)	<input type="checkbox"/> CTG	<input type="checkbox"/> Second Opinion
	<input type="checkbox"/> Mirena/IUD Insertion and Removal	<input type="checkbox"/> 3D Ultrasound

Clinical History: LMP: Certain Uncertain

Results: Phone Phone if Urgent Fax Mail
 Download Send with Patient

Your doctor has recommended that you use Ultrasound Care because we specialise in pregnancy and pelvic ultrasound. You may choose another provider but please discuss this with your doctor first.

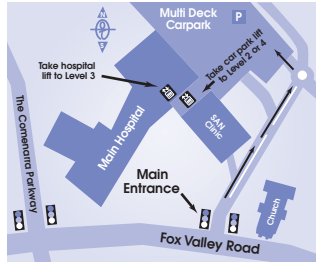
Doctor's signature: **Date:**



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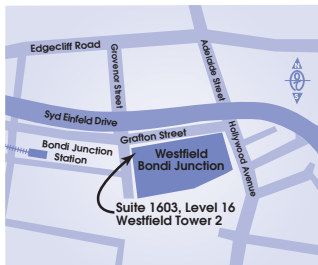
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Tel: 9314-8999 Fax: 9314-8990

Appointment date: Time:

www.ultrasoundcare.com
info@ultrasoundcare.com

We would appreciate settlement of accounts on the day of examination.