



Patient Details

Date

Name

Address

Medicare No.

Ref No.

General Inquiries 1300 55 7226

Sydney	9290 2122
Bella Vista	9629 2011
Bondi Junction	9388 0955
Burwood	9745 4054
Chatswood	9413 9196
Dee Why	9154 1174
Kogarah	9553 9611
Liverpool	9822 8447
Newtown	9516 2064

Dr Tom Boogert

Dr Greg Kesby

A/Prof. Andrew McLennan

Dr Fergus Scott

Dr Sashi Siva

Dr Patricia Lai

Dr Ritu Mogra

Your doctor has recommended that you use Sydney Ultrasound For Women. You may choose another provider but please discuss this with your doctor first.

Examination Required

Report

- Back with Patient
- Deliver to:
.....
- Phone
- Fax to:
Fax No
- Mail

Reason for Examination

Copy to

Referring Doctor Details

Name

Provider No

Address

Phone

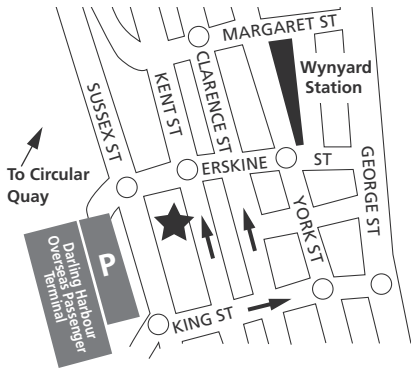
Signature.....

NOTES

- For all obstetric and gynaecological examinations please advise patients to present with a FULL BLADDER. i.e. Patients should not pass urine for 1 hour before examination, then drink 500mL of NON-GASEOUS FLUID 1 hour before the examination.
- For all Third Trimester Growth and Well Being examinations, please drink 250mL 1 hour before.
- For some examinations a trans-vaginal scan may be the best but would only be carried out with the patients consent.

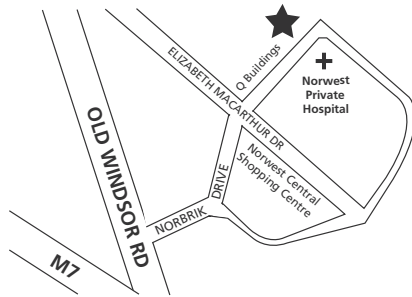
LOCATIONS

Kent St, Sydney



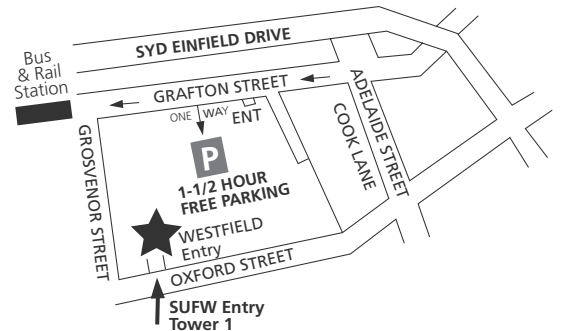
Suite 6.02, Level 6
309 Kent Street
Sydney 2000
TEL 02 9290 2122

Bella Vista



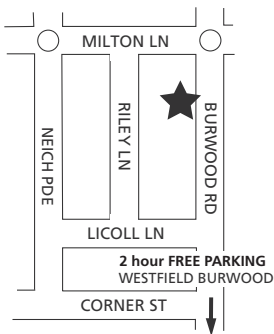
Suite 114, Level 1
10 Norbrik Drive
Bella Vista 2153
TEL 02 9629 2011

Bondi Junction



Suite 1705, 17th Floor
Westfield Tower 1
520 Oxford Street
Bondi Junction 2022
TEL 02 9388 0955

Burwood



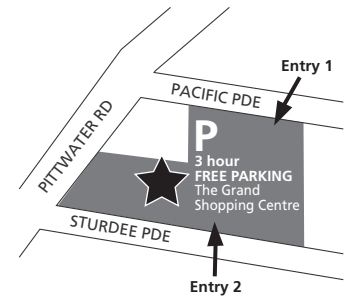
Suite 203
21-23 Burwood Road
Burwood 2134
TEL 02 9745 4054

Chatswood



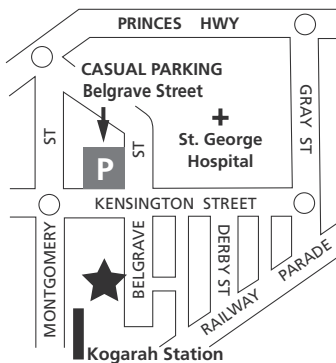
1st Floor
56 Neridah Street
Chatswood 2067
TEL 02 9413 9196

Dee Why



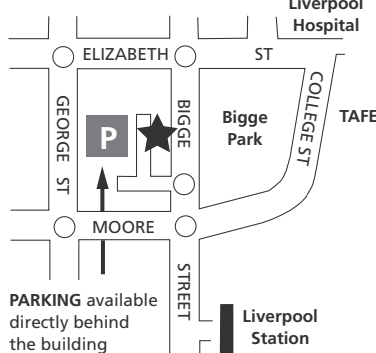
Suite 4203, Level 2
The Grand
834 Pittwater Road
Dee Why 2099
TEL 02 9154 1174

Kogarah



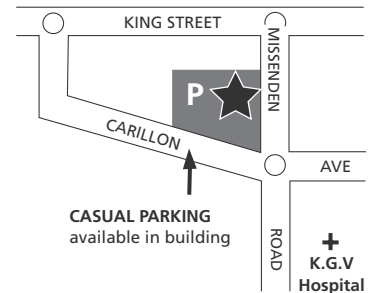
Suite 1A, Level 1
4 Belgrave Street
Kogarah 2217
TEL 02 9553 9611

Liverpool



Suite 205, 2nd Floor
161 Bigge Street
Liverpool 2170
TEL 02 9822 8447

Newtown



RPAH Medical Centre
404/100 Carillon Ave
Newtown 2042
TEL 02 9516 2064

SYDNEY ULTRASOUND *for* WOMEN



RE-ORDER FORM

Please return this form to Sydney Ultrasound For Women via post:

Unit 2, 56 Neridah Street Chatswood NSW 2067

OR by facsimile to: (02) 9413 3783

and a replacement Referral pad will be forwarded to you as per the details you provide below:

Name of Referring Doctor: _____

Mailing Address for Referral Pad: _____

Please send:

- A4 Referral Forms
- A5 Generic Referral Pads
- A5 Personalised Referral Pads