

Patient name .....

Referred by .....

Provider No. ....

### Genetics Services

- ☐ Genetic Counselling
- ☐ Genetic Carrier Screening (RGS)
- ☐ Prenatal Diagnostic Test (CVS or amniocentesis)
- ☐ Fetal Medicine assessment/consultation
- ☐ Other

### Obstetric Imaging

- ☐ NIPT/Cell-free Fetal DNA (Incls viability scan and counselling)
- ☐ Dating Early Pregnancy up to 8 Weeks
- ☐ Dating 8 Weeks Onwards
- ☐ 12-14W Combined Nuchal and Serum Screening
- ☐ + Pre-eclampsia Risk
- ☐ 12-14W Early Morphology Assessment
- ☐ + Pre-eclampsia Risk
- ☐ 2nd Trimester Morphology
- ☐ Fetal cardiac ultrasound + consultation
- ☐ 3rd Trimester Fetal Growth and Well-Being

### Gynaecological Imaging

- ☐ Pelvic Ultrasound
- ☐ Sonohysterogram (pelvic ultrasound, assessment of cavity with saline infusion)
- ☐ Hysterosalpingo Contrast Sonography (HyCoSy; pelvic ultrasound, assessment of cavity and tubal patency)
- ☐ Deep Infiltrating Endometriosis Study (with bowel preparation)
- ☐ Mirena Insertion and/or Removal



### For urgent results contact

Tel .....

Fax .....

**Book Online @ [www.sufw.com.au](http://www.sufw.com.au)**

Contact phone numbers overleaf

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

### Clinical Details

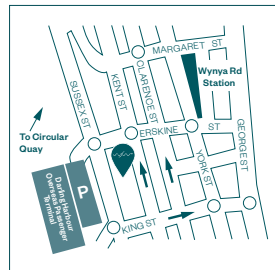
LMP: ..... / ..... / .....

Signature ..... Date: ..... / ..... / .....

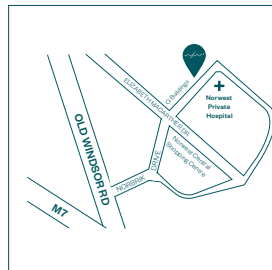
### Notes:

- **It assists most assessments by attending your appointment with a comfortably full bladder.** This may be achieved by drinking approximately 2 glasses of water within the hour prior to your scheduled examination and not passing urine. If at any time you experience discomfort, please talk to the receptionist.
- Some examinations require an internal/vaginal ultrasound assessment, which will be explained to you and will only be undertaken with your consent.

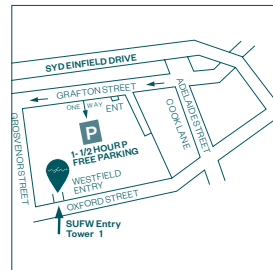
## Sydney



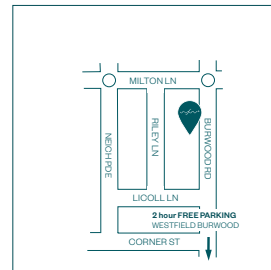
## Bella Vista



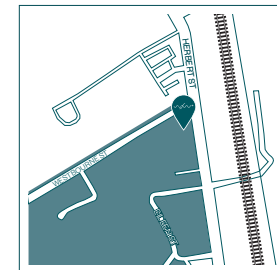
## Bondi Junction



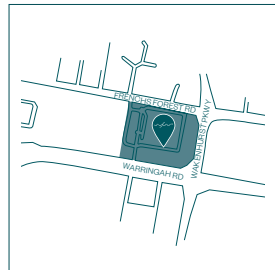
## Burwood



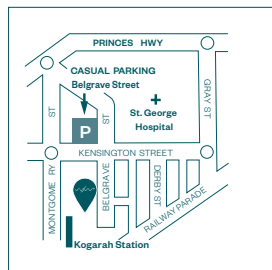
## St Leonards



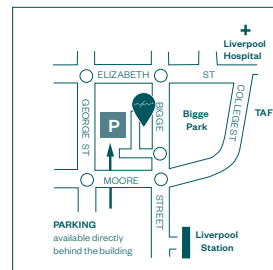
## Frenchs Forest



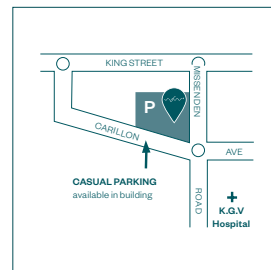
## Kogarah



## Liverpool



## Newtown



**General Enquiries**  
**1300 557 226**

## Sydney

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## St Leonards

Tower A, Level 4, Suite A406,  
North Shore Health Hub  
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**Sydney Ultrasound**  
For Women

## RE-ORDER FORM

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

Suite 6.02, Level 6, 309 Kent Street, Sydney NSW 2000

OR by facsimile to: (02) 9413 3783 by email to: [sufwadministration@sufw.com.au](mailto:sufwadministration@sufw.com.au)

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:**

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- ☐ A5 Generic Referral Pads
- ☐ A5 Personalised Referral Pads