



**Sonacare**

Women's Health & Ultrasound

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Patients Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**Please tick:**

**Pelvic Ultrasound Scan**

Referring Doctor: \_\_\_\_\_

- Abnormal uterine bleeding
- Post-menopausal bleeding
- Pelvic pain
- Ovarian cyst
- Check IUD position

Provider Number \_\_\_\_\_

**Advanced Gynaecological Scan**

- Endometriosis scan
- Follicle tracking
- Saline Infusion Sonohysterography
- Tubal patency / HyCoSy

**FOR APPOINTMENTS PLEASE PHONE (02) 4623 8633**

Date    /    /

Clinical History

LMP    /    /

Signature \_\_\_\_\_

Date \_\_\_\_\_