



Associate Professor Shannon Reid  
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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please tick:**

**Pelvic Ultrasound Scan**

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

- Abnormal uterine bleeding
- Post-menopausal bleeding
- Pelvic pain
- Ovarian cyst
- Pre-IUD placement

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

**Advanced Pelvic Ultrasound Scan**

- Endometriosis scan / Gel sonovaginography (SVG)
- Follicle tracking
- Saline Infusion Sonohysterography
- Tubal patency / HyCoSy

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

Date / /

Clinical History

LMP / /

Signature \_\_\_\_\_

Date \_\_\_\_\_