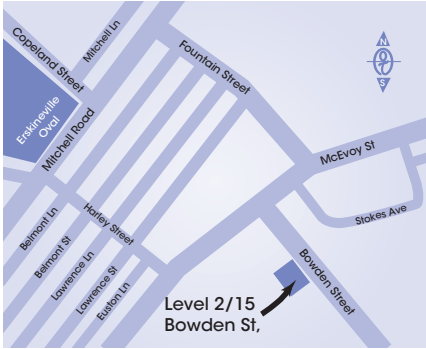
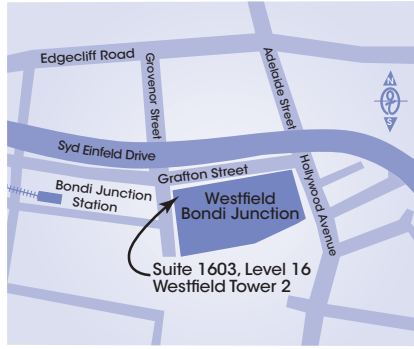


Appointment date: Time:



Ultrasound Care Alexandria
 Level 2/15 Bowden St
 Alexandria NSW 2015
 Tel: 9690-2744 Fax: 9690-2911



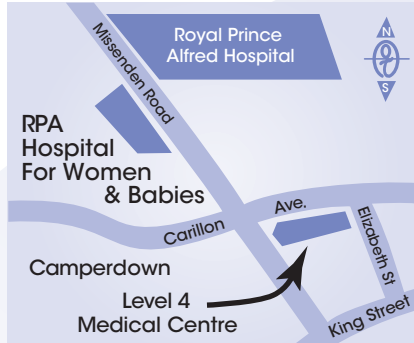
Ultrasound Care Bondi Junction
 Suite 1603, Westfield Tower 2
 101 Grafton Street
 Bondi Junction NSW 2022
 Tel: 8383-4100 Fax: 8383-4199



Ultrasound Care Greenwich
 Ground Floor
 170 Pacific Highway
 Greenwich NSW 2065
 Tel: 9439-9711 Fax: 9439-3711



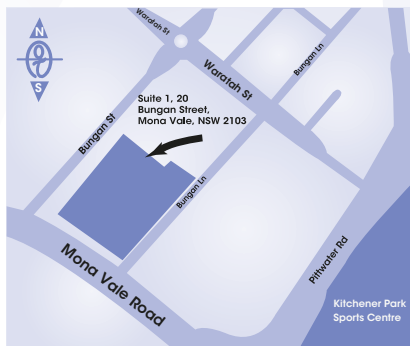
Ultrasound Care Macquarie Street
 Suite 3, Level 7
 139 Macquarie Street
 Sydney NSW 2000
 Tel: 9251-7799 Fax: 9251-5599



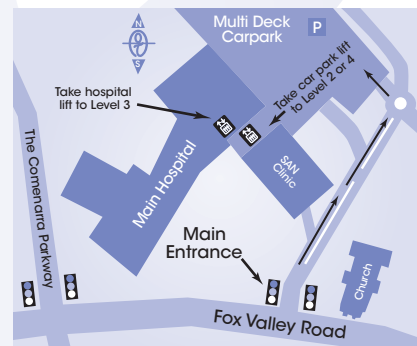
Ultrasound Care Newtown
 RPA Medical Centre
 412/100 Carillon Avenue
 Newtown NSW 2042
 Tel: 9519-0999 Fax: 9519-0606



Ultrasound Care Randwick
 2 Hay Street
 Randwick NSW 2031
 Tel: 9314-8999 Fax: 9314-8990



SAN Ultrasound for Women Mona Vale
 Suite 1, 20 Bungan Street,
 Mona Vale NSW 2103
 Tel: 9998-5100 Fax: 8914-6078



SAN Ultrasound for Women Sydney Adventist Hospital
 185 Fox Valley Road
 Wahroonga NSW 2076
 Tel: 9487-9800 Fax: 9487-9803

www.ultrasoundcare.com
 email: info@ultrasoundcare.com

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

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 Wendy Carseldine MBBS, BSc (Hons), MPH, FRANZCOG, DDU, CMFM
Dr Joyce Woo MBBS DCH(SA) FRANZCOG DDU



Request Form

For appointments please phone

1300 US CARE
1300 87 2273

Patient Details:

Name:

Address:

.....

Date of Birth:

<p>Examinations Required:</p>	<p>Report: (please tick)</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Phone if urgent</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Download</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> Send with patient</p>
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Reason for Examination:

Copy to:

<p>Referring Doctor Details:</p>	<p>Provider Number:</p> <p>Date:</p>
<p>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.</p>	<p>Signature:</p>

Please come with a comfortably full bladder. Sometimes a transvaginal examination will be recommended to obtain better images. It would only be performed with your consent and after you have emptied your bladder completely.