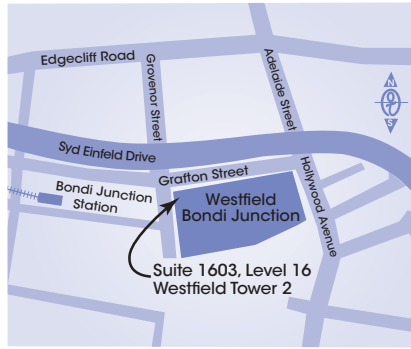


Appointment date: .....

Time: .....



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



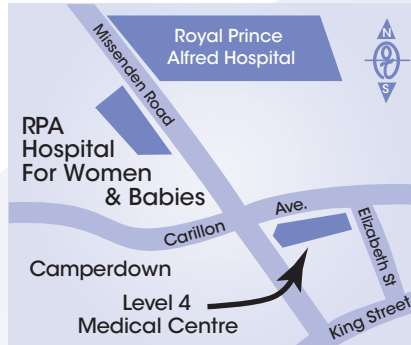
**Ultrasound Care Bondi Junction**  
Suite 1603, Westfield Tower 2  
101 Grafton Street  
Bondi Junction NSW 2022  
Tel: 8383-4100 Fax: 8383-4199



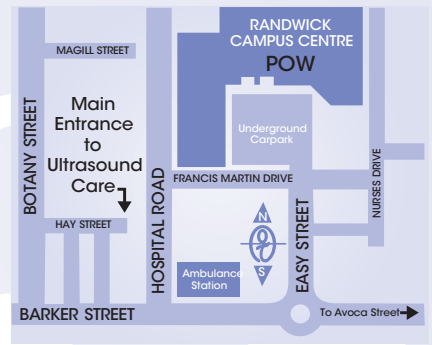
**Ultrasound Care Greenwich**  
Ground Floor  
170 Pacific Highway  
Greenwich NSW 2065  
Tel: 9439-9711 Fax: 9439-3711



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



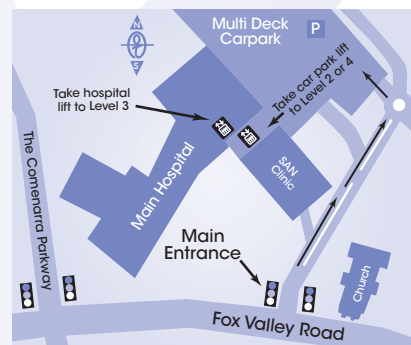
**Ultrasound Care Newtown**  
RPA Medical Centre  
412/100 Carillon Avenue  
Newtown NSW 2042  
Tel: 9519-0999 Fax: 9519-0606



**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](http://www.ultrasoundcare.com)  
email: [info@ultrasoundcare.com](mailto:info@ultrasoundcare.com)

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

**Dr Karen Mizia** MBBS BSc (Hons) FRANZCOG DDU MPH COGU  
**Dr Linda Atkins** MBBS (Hons) FRANZCOG DDU  
**Dr Joanne Ludlow** MBChB FRANZCOG FRCOG DDU MM (Clin Epi)  
**Dr Lynn Townsend** MBBS BSc(Hons) FRANZCOG DDU  
**Dr Lucy Bowyer** MBBS BMedSci(Hons) MD FRCOG FRANZCOG DDU CMFM  
**Dr Wendy Carseldine** MBBS, BSc (Hons), FRANZCOG, DDU, MPH, CMFM  
**Dr Joyce Woo** MBBS DCH FRANZCOG DDU  
**Dr Philippa Ramsay** MBBS FRANZCOG DDU COGU



**Request Form**
For appointments please phone 

**1300 US CARE**  
**1300 87 2273**

**Patient Details:**

Name: .....

Address: .....

.....

Date of Birth: .....

<p><b>Examinations Required:</b></p>	<p><b>Report:</b> (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><b>Referring Doctor Details:</b></p>	<p>Provider Number:</p> <p>Date: .....</p>
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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.

**Signature:**

.....

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.

