NEWCASTLE ULTRASOUND
Scanning Excellence for Women

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DIAGNOSTIC ULTRASOUND

Patient Name: _____

Address: _____

Mobile: _____

DOB: _____

Referring Dr: ☐ Diploma O&G ☐ FRANZCOG

Provider No.: _____

INDICATION FOR EXAMINATION

EXAMINATION REQUEST (Multiple requests may be ticked)

OBSTETRICS

- ☐ Early Pregnancy Scan
- ☐ Risk of Fetal Abnormality (including Nuchal Translucency)
- ☐ 19-20 Week Morphology
- ☐ Fetal Growth Scan
- ☐ CVS or Amniocentesis
- ☐ URGENT Access - Early Pregnancy scan
- ☐ Other: _____

GYNAECOLOGY

- ☐ Gynaecology Scan
- ☐ Deep Infiltrating Endometriosis Scan
- ☐ Saline Infusion Sonohysterogram (with saline to assess uterine cavity)
- ☐ Pelvic Floor Assessment
- ☐ Transperineal Assessment of Anal Sphincter

INFERTILITY

- ☐ Infertility Scan
- ☐ Hy-Co-Sy Sonogram (to assess Tubal Patency)
- ☐ Scrotal Scan

Signature: _____ Date: _____

Your doctor has recommended that you visit Newcastle Ultrasound.
You may choose another provider but please discuss with your doctor first.

DR STEVE RAYMOND
MBBS FRANZCOG DDU

Newcastle Ultrasound provides specialised diagnostic ultrasound for women. Our commitment to scanning excellence means that we invest in the most up-to-date technology and continuing education that is specific to gynaecology, obstetrics and infertility, for complete and accurate diagnosis.

PLEASE CALL (02) 4957 3899 TO MAKE YOUR APPOINTMENT
Email this form to reception@steveraymond.com.au