GYNAECOLOGY OUTPATIENT CLINICS – ST GEORGE HOSPITAL

Patients to bring Medicare card and Ultrasound report if they have one.

Please send GP Referral to either fax: (02) 9113 3765 or email to:

SESLHD-StGeorge-GynaeClinic@health.nsw.gov.au

Gy	naecology Clinic						
	Menorrhagia		Uterine Fibroid		PV Bleeding		
	Endometrial Polyp		Ovarian Cyst		Irregular Menstrual Periods		
	Cervical Polyp		Subfertility		Infertility		
	Mixed gynaecological symptoms						
	Implanon insert or removal						
Ну	steroscopy Clinic						
	Endometrium Thickenin	g					
	Mirena insertion (BYO) or removal						
	Multi-load IUD (Copper IUD) insertion						
	IUD removal						
Со	lposcopy Clinic						
	Abnormal cervical screening results that require colposcopy						
	Post coital bleeding						
Mei	nopause Clinic						
	Menopause problems						
VB:	For uterine prolapse or Unit on (02) 9113 2272	stre	ss incontinence probl	em i	refer to Pelvic Floor Bladder		

ST GEORGE HOSPITAL WOMEN'S AND CHILDREN'S PATIENT REFERRAL TO GYNAECOLOGY OUTPATIENT SERVICE



Level 1, Prichard Wing – St George Hospital Gynaecology Tel: (02) 9113 2162 Fax: (02) 9113 3765 Email: SESLHD-StGeorge-GynaeClinic@health.nsw.gov.au

Referral to: Professor Michael Chapman, Dr Trent Miller, Dr Gavin Sacks, Dr Chandra Krishnan, Dr Greg Davis,

Dr John Breen, Dr Steven Thou, Dr David Rosen, Dr Monique Damasco, Dr Ludmilla Collins,

Dr Queeny Wong, Dr Kate Kavanagh-Patel

atient Surname:	First Name:			
OB:				
ddress:				
hone Number:	Mobile: _	Mobile:		
Medicare No:		Medicare Expiry Date://		
ote: include patient's reference nur	mber as the eleventh number of the I	Medicare card		
NTERPRETER REQUIRED: YES/NO	Dialect:			
ASON FOR REFERRAL:				
esults attached: YES / NO				
EFERRING DOCTOR'S SIGNATURE_	D	ATE		
Requesting Dr:				
Provider No:				
Telephone:				
Address:				

Please complete this section in full or with practice stamp. This form can be downloaded from the PHN GP's website.

Updated November 2019