

UROGYNÆCOLOGY DIAGNOSTIC SERVICE

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Suite 904
St Vincent's Clinic
438 Victoria Street
Darlinghurst 2010

Appoints Tel: 02 83826983

SURNAME **FIRST NAME**

AGE

REFERRING DOCTOR

DATE / /

MAIN SYMPTOM(S)

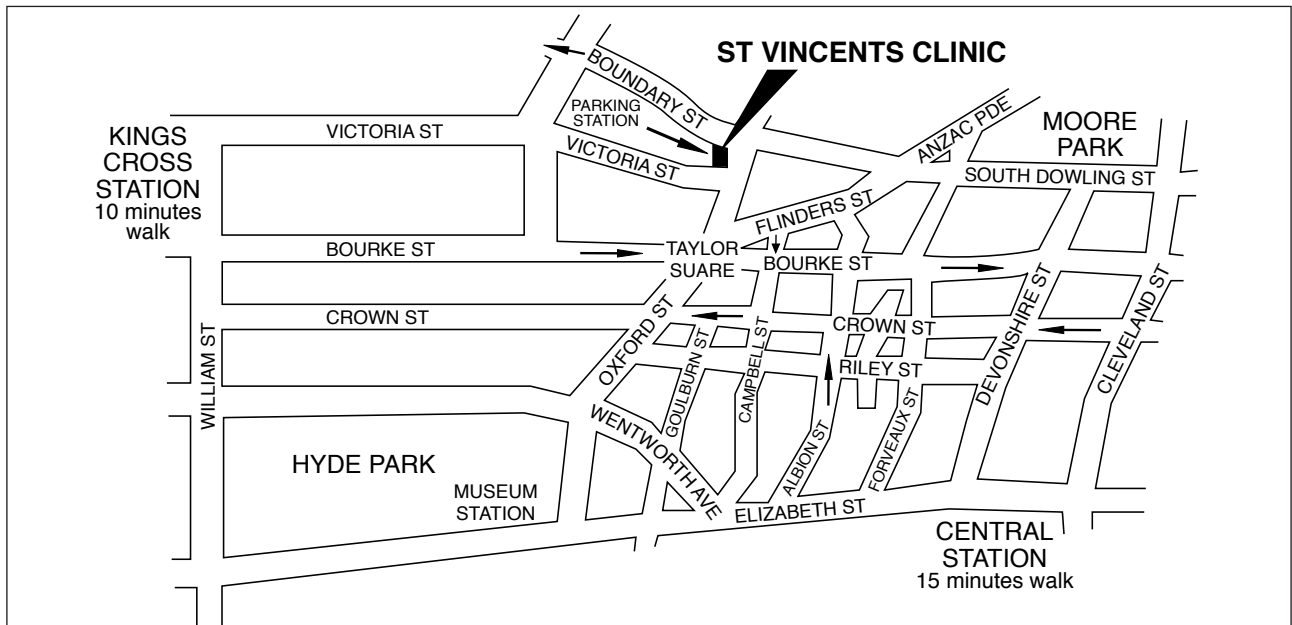
CLINICAL NOTES

REQUEST URODYNAMICS including TRANSVAGINAL ULTRASOUND

OTHER: Please Specify

APPOINTMENT

DATE / / **TIME**



INSTRUCTIONS FOR PATIENTS

1. Kindly fill in the Chart overleaf during any 3 days in the week prior to your appointment and bring this sheet with you to the Clinic.
2. Try not to empty your bladder in the hour prior to your appointment.