



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

Gynaecology Department

### Outpatient Hysteroscopy Referral

Please send to: Hysteroscopy Clinic, Clinic B1, Neath Port Talbot Hospital or via email to [sbu.outpatienthysteroscopyNPTH@wales.nhs.uk](mailto:sbu.outpatienthysteroscopyNPTH@wales.nhs.uk)

#### Patient Identity Sticker

Referring Doctor \_\_\_\_\_

Consultant in charge \_\_\_\_\_

Date of Referral \_\_\_\_\_

USC/Urgent/Routine \_\_\_\_\_

Urgency agreed with consultant Yes  No

#### Indication

PMB

Menorrhagia, specify reason

IMB

Other, please specify

#### USS findings:

Endometrial biopsy in clinic: Yes:

No:

Histology, if available

Medical or other significant problem:

BMI:

Ambulance Required (Yes / No) Double slot required (Yes / No)

Procedure requested (please circle):

Diagnostic Hysteroscopy

+/-

Biopsy Insertion/Removal of Mirena Endometrial Ablation

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#### FOR OP HYSTEROSCOPY CLINICAL/ADMINISTRATIVE USE ONLY

Scope Required:

Versascope (Polypectomy)

Versascope(other)

Hysteroscope

Myosure