



Ultrasound Professionals

P: 09 9424940

F: 09 9424941

info@upultrasound.co.nz

B4/212 Dairy Flat Highway, Albany

205 Great South Road, Greenlane

PATIENT INFORMATION		<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Other
Surname	First Name	Middle Name			
Address			Phone		
			Mobile		
DOB	NHI#	ACC#			

CLINICAL INFORMATION

MUSCULOSKELETAL ULTRASOUND

Shoulder Other (please specify)

GENERAL ULTRASOUND

- Upper Abdomen
- Renal / Pelvis
- Abdomen and Renal
- Abdomen and Pelvis
- Other

VASCULAR

- Aorta
- Carotid
- DVT Leg /Arm
- Renal Artery
- Other

SMALL PARTS

- Thyroid
- Neck
- Hernia
- Soft Tissue Lump
- Scrotum
- Other

OBSTETRIC

- Dating
- Nuchal
- Anatomy
- Growth

LMP: _____

EDD: _____

REFERRING PHYSICIAN

Fax report to

Referral Practitioner (Please Print)

EDI report to

Phone report

Registration Number

Copy of report to

TESTSAFE

Date

Signature

Patient Preparation

Upper Abdomen

You will need to fast (water only) for 6 hours prior to the scan. Continue taking your medication as normal. If you are diabetic, please check with your doctor.

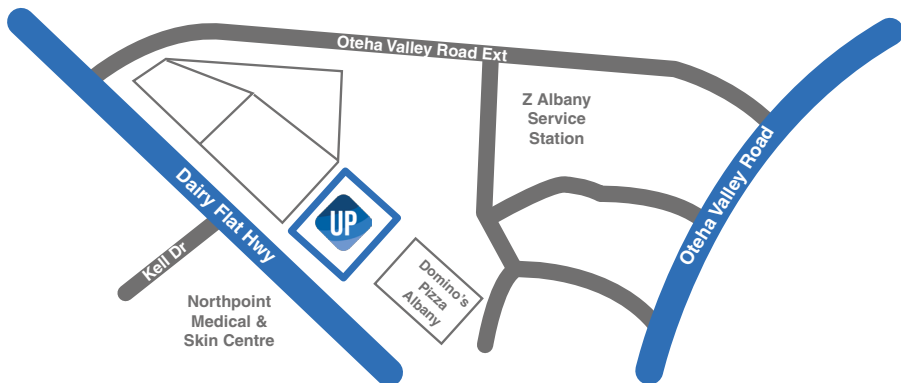
Renal / Kidney / Bladder / Pelvis

We required you to come with a full bladder. Please empty your bladder one hour prior then drink 750ml of water (3-4 glasses). If your bladder is not full ten minutes before the scan please drink more water. If you are uncomfortably full you may let some out.

What to Bring to Your Scan

- You need a referral from your medical practitioner
- Growth chart if you have one for pregnancy scans
- All previous images and reports if you have them (X-ray, Ultrasound, CT or MRI)

NORTH SHORE BRANCH B4 / 212 Dairy Flat Highway, Albany, Auckland 0632



GREENLANE BRANCH 205 Great South Road, Greenlane, Auckland 1051

