Ultrasound Professionals

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B4/212 Dairy Flat Highway, Albany

PATIENT INFORMATION

■ Mr ■ Mrs ■ Miss ■ 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

EDI report to

Phone report

Copy of report to

☐ TESTSAFE

Referral Practitioner (Please Print)

Registration Number

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.

Pregnancy

For dating scan less than 10 weeks, we require you to come with a full bladder. Please empty your blady 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)

B4 / 212 Dairy Flat Highway, Albany, Auckland 0632