Medic Imaging

Vision & Versatility

ULTRASOUND REQUEST

Call for Appointment: 03 8521 3689

Patient Name:

Address:

Request for:

Appointment Date and Time:
Date of Birth:

Sex:

Telephone:

Medicare Number:

CLINICAL DETAILS:

Referring Doctors Details:

Results:

- ☐CD to patient
- ☐ Phone
- ☐Fax
- ☐Email
- ☐Order more referrals

Patient Category:

- ☐PTE
- ☐Work Cover
- ☐Pension
- ☐VET/AFT
- ☐TAC
- ☐Private

Signature of Doctor: **Date:**

Ultrasound Scan Instructions:

☐	Abdomen	Six hours fasting, can take medication with sip of water, no smoking
☐	Renal	Empty bladder two hours before scan and drink three glasses of water and hold the bladder till the examination finished
☐	Pelvis	Transabdominal scan: empty bladder two hours before scan and drink three glasses of water and hold the bladder till the examination finished Transvaginal scan: Empty bladder
☐	Renal artery and Abdominal Aorta	Six hours fasting, can take medication with water

Medic Imaging Patient Check

☐Patient identification verified

☐Procedures and Consent verified

☐Correct side and site verified

Date_____

Sonographer

Pregnant Y/N

Patient Signature:

Address

WHEELERS HILL SHOPPING CENTRE
Inside shopping centre,Near National pharmacy
Shop 28, 190 Jells Road
Wheelers Hill 3150 VIC
HOURS: **ALL DAYS** from 9 AM to 7PM

Call for after hour services.
Phone/ Fax: 03 8521 3689
Email :contact@medicimaging.com.au
www.medicimaging.com.au

Please bring this form with your Medicare card, DVA card, current concession card and previous scans/ reports with you