



Mr Mrs Surname _____ First Name(s) _____ Date of Birth _____
 Dr Miss Ms _____

Address _____ ACC # _____
 Phone no _____ NHI # _____

CLINICAL INFO

EXAM REQUIRED

GENERAL

- Abdo (upper)
- Renal
- Pelvis
- Abdo Pelvis
- Thyroid / neck
- Scrotal
- Other

OBSTETRIC

- Dating
- T.O.P
- Ectopic
- Miscarriage
- NT
- Anatomy
- Growth
- Other

MSK

- Shoulder L R
- Elbow L R
- Wrist / Hand L R
- Hip / Groin L R
- Knee L R
- Ankle / Foot L R
- Paed Hips
- Other

VASCULAR

- DVT L R
- Leg Arts L R
- VV / CVI L R
- Carotid L R
- Renal Doppler
- Other

DATES (if known)

LMP:..... EDD:

REFERRER

URGENT

Referred by _____ Copy to _____
 Signature _____ Date ____ / ____ / ____
 Phone _____ NZMC# _____

Getting ready for your scan

First trimester / nuchal / pelvis / renal ultrasounds

You will need a full bladder. Drink two to four large glasses of water one hour prior to your appointment. Do not empty your bladder.

Abdominal / liver / gallbladder / ultrasound

Please do not eat, drink, smoke or chew for six hours before your scan. You can take your medication as usual with a little water, but if you must take it with food, just eat two dry crackers.

What to bring with you

- Your referral form
- All previous images and reports if you have them (e.g. ultrasound, X-ray, CT or MRI)
- Growth chart for pregnancy scans (if available)

Please note

Our policy is no more than two support people or whānau attending per scan (children must be supervised).

Please do not bring recording devices or cameras into the room and ensure mobile phones are switched off. Your co-operation is appreciated.



ultrasound
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