

# REQUEST FORM - ULTRASOUND



## PATIENT DETAILS

NAME:

D.O.B.

ADDRESS:

PHONE (1):

PHONE (2):

EMAIL:

MEDICARE No:

EXAM REQUESTED:

## CLINICAL DETAILS & CONCERN

REFERRING DR:

PROVIDER No:

PHONE:

PRACTICE:

DATE:

## PATIENT PREPARATION

Please email completed request form to above email or text picture message. Bring original to appointment.

No preparation: Arms, Legs, Head, Neck, Chest, Groin, Joints, Muscle, Tendons, Ligaments, Kids under 3yrs

Fast 4-6 hours: Abdomen and Abdominal blood flows. No drinking, chewing gum or smoking. Advise if you are diabetic.

Full bladder: Renal tract and Pelvis. Drink 500-1000mL an hour before appointment. Hold full for appointment.

Your Doctor has requested you use our services. You may choose another Provider, but please discuss this with your Doctor first.

- Office use only
- Patient identification verified
  - Patient data verified
  - Procedure and consent verified
  - Side / verified \_\_\_\_\_ Sonographer

Email:

info@exceedmobileultrasound.com.au

Phone: 0421 770 771

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Servicing the northern Gold Coast, Tamborine and Canungra regions

ABN:44671371789 LSPN:11772 ASAR:5371

## ULTRASOUND SERVICES

### ABDOMEN

Hepatobiliary, Renal, Appendix, Bowel, Dopplers, Transplants, Pre & Post-op, A

### VASCULAR

Carotids, Peripheral arteries, Peripheral veins, Aortoiliac, Ankle-brachial index, Ovarian vein, Varicose veins, Caval-iliac, Renal arteries, A-V Fistula, Mesenteric arteries, Temporal arteries, Thoracic outlet, Pre & Post-op, Bypass graft, Stent

### PAEDIATRICS

Hips (DDH, a/traumatic), Head, Spine, Pylorus, Chest, Abdomen, Pelvis, Renal Tract, all Vascular & MSK

### MUSCULOSKELETAL

Hip, Groin, Abdominal wall & Hernia, Knee, Ankle, Feet, Neck, Shoulder, Elbow, Wrist, Hand, Foreign bodies, X-ray occult fractures

### SMALL PARTS

Neck, Thyroid, Parathyroids, Parotid glands, Submandibular glands, Lymph nodes, Orbits, Scrotum, Breast (non-surveillance), Axilla, Collections, Abscess

### CHEST

Lung, Pleura, Effusion, Post-op wounds

### OBSTETRIC & GYNECOLOGY

3<sup>RD</sup> Trimester Obstetric (limited)

Pelvis (TA only)