

TAURANGA BRANCH 100 Eleventh Avenue, Tauranga Ultrasound Only

PAPAMOA BRANCH

Papamoa Plaza (opposite foodcourt), 7 Gravatt Road X-Ray and Ultrasound

P 07 544 5993

F 07 544 5981

E info@focusradiology.co.nz

www.focusradiology.co.nz

PLEASE BRING THIS REFERRAL FORM WITH YOU Name: Address:		DOB:/		ACC#:		
Phone: ULTRASOUND ■						
X-RAYS - Papamoa Branch Only Body site: Pregnant Yes No Unsure	MUSCULOSKELETAL Shoulder Upper Limb Lower Limb Groin Other (Specify) Left Right	OBSTETRIC / PREGNANCY Dating Nuchal Translucency Anatomy Growth Other (Specify) LMP:/ EDD:/		GENERAL Upper Abdomen Pelvis / Lower Abdomen Renal Thyroid Testes Breast Other (Specify)		VASCULAR DVT Carotid Aorta (AAA) Vein Mapping Arterial Other (Specify) Left Right
CLINICAL DETAILS:						REPORT DISTRIBUTION Copy of report to:
REFERRING PRACTITIONER / PRACTICE (Stamp / Print) DATE:/					Office Use Only	
Signature MED REG #:						



APPOINTMENT INFORMATION

PLEASE BRING THIS REFERRAL FORM WITH YOU

DAY/DATE TIME

PREPARATION FOR YOUR SCAN:

PREGNANCY (UP TO 14 WEEKS), PELVIS, RENAL SCANS

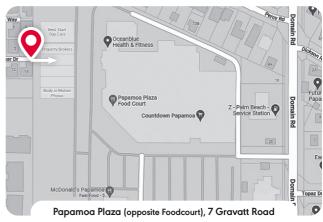
Please have a full bladder prior to scan. Drink three to four large glasses of water 60 minutes before your appointment and do not empty your bladder until after the scan.

ABDOMINAL ULTRASOUND

You must not eat or drink 4 hours leading up to your appointment. Water and clear fluids without milk is allowed. Continue to take your regular medication.

If unsure, please call or see our website.





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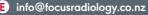
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