

# Patient Details

| ⊖mr ⊖ms                                       |   |   |              |   |
|---|---|---|--------------|---|
| OMRS   OR   FIRST NAME                        |   | MIDDLE NAME   |              | SURNAME   |
|   |   |   | номе         |   |
|   |   |   | WORK         |   |
|   |   |   | MOBILE       |   |
| ADDRESS                                       |   |   | TELEPHONE    |   |
| ///   | FOLLOW UP AF  | _/<br>PPOINTMENT  |              |   |
| NHI NUMBER *REQUIRED                          | ACC NUMBER  |   | PRIVATE INSU | RER   |
|   |   | MUSKULOSKELE<br>ULTRASOUND  | TAL          | INTERVENTIONAL $\bigcirc$ cortisone injection $\bigcirc$ aspiration (see website)   |
|   | GENERAL ULTRASOU<br>UPPER ABDOMEN<br>RENAL<br>PELVIS<br>SMALL PARTS (THYROID,<br>NECK |   |              | OBSTETRIC ULTRASOUND<br>Dating – (β-hCG =)<br>NUCHAL – (11weeks - 13weeks, 6days)<br>ANATOMY – (20 - 22weeks)<br>GROWTH<br>OTHER: |
|   |   | <ul> <li>○ OTHER:</li> <li>○ VASCULAR ULTR</li> <li>○ CAROTID</li> <li>○ DVT</li> <li>○ OTHER:</li> </ul> | ASOUND       | LMP:  |
| Report Distributio                            | on  | Referrer  | Details      | PLEASE SEE NEXT PAGE FOR PATIENT<br>PREPARATION DETAILS   |
| EMAIL REPORT TO                               | Oyes Ono  | NAME PLEASE P   | RINT         |   |
|   | COPIES TO DHB   |   |              |   |
| NOTIFICATION OF URGENT<br>FINDING TO (MOBILE) | REFERRERS CAN<br>ACCESS IMAGES &<br>REPORTS ONLINE.                                   | REGISTRATION N  | 10.          | / /   |
|   |   | SIGNATURE   |              | DATE / /  |
| EDI REPORT TO                                 |   |   |              |   |
| COPY OF REPORT TO                             |   |   |              |   |
| No charge for ACC scans.                      |   | Prices and inf  |              |   |



# GALLBLADDER / ABDOMEN

Nothing to eat for 6 hours before the scan. Continue taking your medication as normal. If you are diabetic, please check with your doctor.

### RENAL / KIDNEY / BLADDER / PROSTATE

Full bladder required. For most people, this is 600mls, 60 minutes before the scan. If your bladder is not full 10 minutes before the scan, please drink more water. If you are uncomfortably full, you may let some out.

#### PELVIS

Full bladder required. For most people, this is 600mls, 60 minutes before the scan. If your bladder is not full 10 minutes before the scan, please drink more water. If you are uncomfortably full, you may let some out.

#### PREGNANCY SCANS

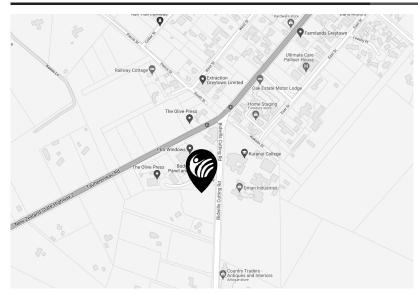
Full bladder greatly assists to gain good views of your baby and reproductive organs. For most people, this is 600mls, 60 minutes before the scan. If your bladder is not full 10 minutes before the scan, please drink more water. If you are uncomfortably full, you may let some out.

# What to bring with you to your scan

- Your referral form
- Growth chart (if you have one for pregnancy scans)
- All previous images and reports if you have them (i.e. X-ray, Ultrasound, CT or MRI)
- USB stick for images (optional – available for a small fee)

Find out what to expect during your appointment online at greyscaleultrasound.co.nz

# Where to find us



# GREYSCALE ULTRASOUND

Five Rivers Medical 32 Bidwills Cutting Rd, Greytown

PHONE +64 6 6013 401 EMAIL admin@greyscaleultrasound.co.nz

### OPENING HOURS

Monday - Friday 8am-5pm Excluding public holidays