

Patient Details

[Empty text box for Patient Details]

Examination Required

[Empty text box for Examination Required]

<input type="checkbox"/> X-RAY	<input type="checkbox"/> OPG	<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> CT
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Reason for Examination

[Empty text box for Reason for Examination]

If CT contrast is required eGFR Date of pathology test

URGENT REPORT FAX REPORT FAX NO.

Copy to

[Empty text box for Copy to]

REFERRING DOCTOR:

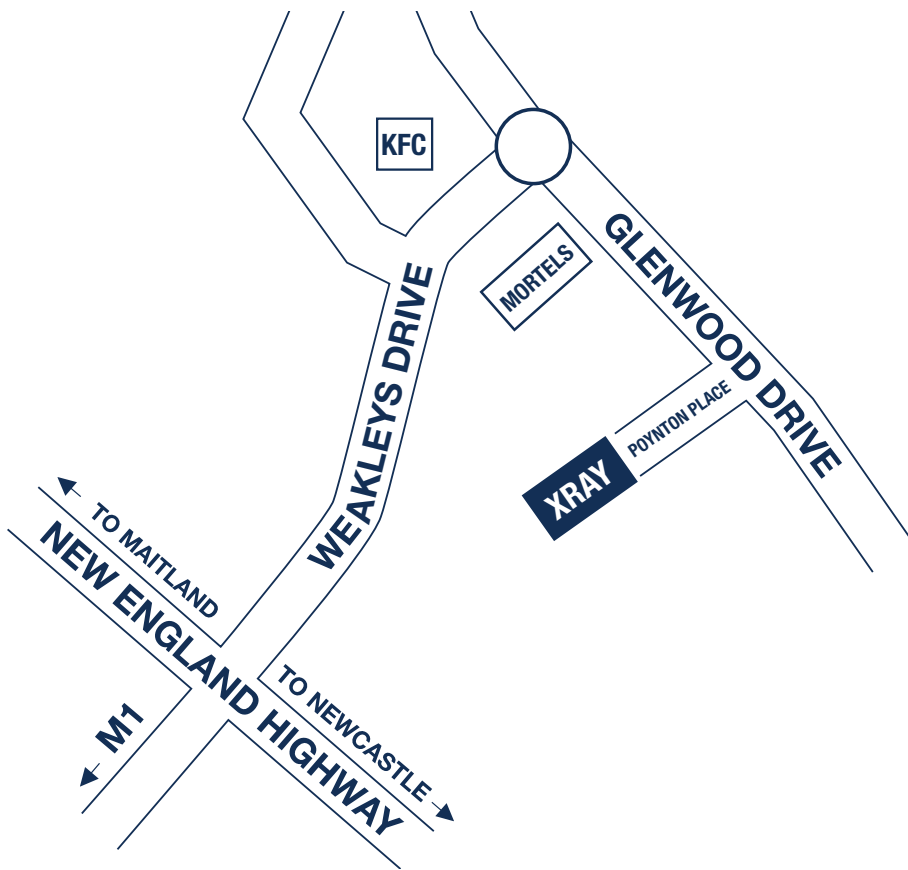
RANZCOG DIP OB&G

Signature:

PATIENT CONSENT

I hereby authorise GXU to release or retrieve my report/s from any other Medical Practitioner involved in my care.

Signature:



Appointment Date and Time

ULTRASOUND PREPARATIONS

RENAL / PELVIC / OBSTETRIC

- Empty bladder 2 hours before appointment
- Drink 1 litre of water over next hour
- Do not empty bladder before the scan

UPPER ABDOMEN

- Nothing to eat 5 hours before appointment
- You may drink water, black tea or black coffee during this 5 hours
- Take any medication as normal
- No smoking for 5 hours before appointment

CT SCAN

- 4 hours before appointment, nothing to eat
- Drink water as required

OTHER PROCEDURES AVAILABLE

- General X-ray
- OPG and Lateral Cephalometry
- Ultrasound - including obstetric and musculoskeletal
- Ultrasound Guided Joint Injections
- CT Guided Injections