

Patient Name & Address

DOB / Medicare No.

Requested Ultrasound Examination

Clinical Details

Referrer Details

Request Date

Referrer Signature

*General Ultrasound (Abdomen, Renal Pelvis)
All Obstetric Scans
Musculoskeletal
Vascular Studies (Arterial and Venous)
Small Parts
Soft Tissue
Sporting Injuries
Gender and 3D / 4D Scans

Copy of Results

YOUR APPOINTMENT

Date:

Time:

Your Doctor has recommended Limestone Ultrasound for your Ultrasound scan.
Any change to this recommendation should be discussed with your doctor first.

PATIENT INSTRUCTIONS - Please Read

For an Ultrasound Early Pregnancy, Pelvis or Kidneys

Drink 1 litre of water and finish one hour before appointment.
Please ensure you arrive with a **full** bladder

For an Ultrasound Pregnancy from 20 weeks

Drink 500 mls of water and finish one hour before your
appointment. Do **not** empty your bladder.

For an Ultrasound Abdomen, Aorta, Leg Arteries

Fast for 6 hours prior to your appointment. Nothing to eat or
drink and **NO** smoking.

LIMESTONE ULTRASOUND

10 Wehl Street North

APPOINTMENTS (08) 8725 6455

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