



Coastal Ultrasound

36 Ormond Road, Gisborne 4010

P: 06 867 3132 | F: 06 867 3923 Coastal Ultrasound Gisborne

E: info@coastalultrasound.nz | www.coastalultrasound.nz

NHI #

ACC #

- Mr Mrs
 Dr Miss Ms

Surname

First Name(s)

Date of Birth

Address

Telephone Res:

Mob:

Bus:

ULTRASOUND

GENERAL

- Upper abdo
 Pelvis
 Abdo/pelvis
 Renal
 Thyroid/neck
 Scrotum
 Hernia

VASCULAR

- DVT
 Carotid
 Renal artery
 Other

OBSTETRIC

- Dating
 NT
 Anatomy
 Growth

MUSCULOSKELETAL

- Shoulder
 Elbow
 Wrist
 Hand / Fingers
 Hip
 Knee
 Ankle
 Achilles/Calf
 Foreign body
 Steroid Injection

CLINICAL DETAILS

X-RAY

REFERRING PRACTITIONER

LMP:

/ 40 weeks

Pregnancy indication code:

Referred by

Signature Date / /

Ph NZMC# REG#

Copy of Report to

Scan preparation for patients

FIRST TRIMESTER / NUCHAL / PELVIS / RENAL ULTRASOUNDS

You will need a full bladder. Empty your bladder one hour before the scan and drink approximately 1 Litre of water 1 hour prior to examination. DO NOT empty your bladder.

ABDOMINAL / LIVER & GALLBLADDER ULTRASOUND

You will need to fast for six hours before the scan. This means no food for six hours prior to the scan. You can drink water, black tea and coffee, but no milk, sugar or juice. You can take medication as usual, but if you must take your medication with food, you may eat 2 dry crackers.

What to bring with you:

- ▶ Your referral form
- ▶ All previous images and reports if you have them (e.g. Ultrasound, X-ray, CT or MRI)
- ▶ Growth chart for pregnancy scans (if available)

Family members are welcome to attend, however, please bear in mind that the scan is a medical test.

We request that only a small number of people come into the room with you and that young children are under the control of another adult.

Please do not bring recording devices/cameras into the room and ensure cellphones are switched off. Your co-operation is appreciated.



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