

- **Ultrasound**
 - **Obstetrics**
 - **Vascular Doppler Lab**
 - **Ultrasound-3/4D**
 - **FNA**
 - **Guided Injection**
- Ref. Dr.*

S . U . M . I . T

Est. 1998

SUMIT DIAGNOSTIC

COMPUTERISED IMAGING REQUEST

Patient Details:

Imaging
Request:

Clinical History:

Referring Dr:
Sign:

Pr. No.

Date:

Ultrasound
Abdominal
Pelvic, Pelvic Congestrn S
Obstetric
Hepatitis HCC Screening
Renal, Bladder, Prostate
Thyroid/ Neck
Breast
Scrotal
MSK-all
Baby Hips, Abdomen
Baby Head/ Intracranial

Vascular_{Lab} Doppler
Carotid
DVT/ Varicose v
Arterial Legs/ Arm
Dorsalis Pedis A
Renal Artery
Abdominal, Aorto-Iliac
Ovarian Vein/ PCS
Testicular Artery Doppler
Penile Artery
Jugular V
Post-Graft/Angioplasty

Interventional
Guided Injection US
Shoulder, Elbow, Wrist
Hand, Knee, Ankle
PRP
Other Rx
FNA/ Biopsy
Breast, Thyroid, Other

Fetal Echo (After Aug '21)
Fetal Echocardiography
Fetal MCA Doppler

PREGNANCY, PELVIC, KIDNEYS:
2 hours before appointment empty bladder. In next ¼ hour
drink 1 litre (6 glasses) water. Then do not empty bladder.
UPPER ABDOMEN, GALL BLADDER:
No fried or fatty foods, dairy products or red meat for 24 hours
Nothing to eat or drink for 6 hours before examination.
DOPPLERS: No preparation.

Consented?

MORE REFERRALS PLEASE

Ref. Dr.

OFFICE USE:

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BULK BILLING

8 ALBION ST, HARRIS PARK, NSW, 2150. TEL: (02) 7228 7998 .

BOOK ONLINE: SYDNEYULTRASOUND.COM

SYDNEY ULTRASOUND — HIGHEST RESOLUTION SCAN