

## **Examination Request Form**

Your doctor has recommended that you use GoSonics You may choose another provider, but please discuss this with your doctor first.

PATIENT DETAILS (please print clearly)		
(please print clearly)		Tick Box
Name	DOB	Sex M  F
	Date	
Address	MRN	
Audress	MIVIA	
CLINICAL QUESTION(S) TO BE ANSWERED (pl	ease print Clearly)	
<b>EXAMINATIONS REQUIRED</b> (please print Clearly)		
(please print clearly)		
BULK BILLING AVAILABLE	<b>Wee Waa</b> - Wee Waa	Medical Centre, 29 George St
BULK BILLING AVAILABLE Narrabri - 2/108 Tibbereena St		_
Narrabri - 2/108 Tibbereena St		Medical Centre, 29 George St ge St, Quirindi Medical Centre
Narrabri - 2/108 Tibbereena St Gunnedah - Gunnedah Rual Health Centre,		e St, Quirindi Medical Centre
Narrabri - 2/108 Tibbereena St Gunnedah - Gunnedah Rual Health Centre, 27 Marquis St	<b>Quirindi</b> - 195 Georg	e St, Quirindi Medical Centre
Narrabri - 2/108 Tibbereena St Gunnedah - Gunnedah Rual Health Centre,	<b>Quirindi</b> - 195 Georg <b>Coonabarabran</b> - 68	e St, Quirindi Medical Centre
Narrabri - 2/108 Tibbereena St Gunnedah - Gunnedah Rual Health Centre, 27 Marquis St	<b>Quirindi</b> - 195 Georg <b>Coonabarabran</b> - 68	e St, Quirindi Medical Centre Casillis St
Narrabri - 2/108 Tibbereena St Gunnedah - Gunnedah Rual Health Centre, 27 Marquis St  REQUESTING DOCTOR DETAILS  Name  Date	<b>Quirindi</b> - 195 Georg <b>Coonabarabran</b> - 68	e St, Quirindi Medical Centre Casillis St
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Narrabri - 2/108 Tibbereena St Gunnedah - Gunnedah Rual Health Centre, 27 Marquis St  REQUESTING DOCTOR DETAILS  Name Date  Address  Provider Number  Tel Mob Fax  Requesting Doctor Signature x	Quirindi - 195 Georg Coonabarabran - 68  IS A COPY OF THE LMO/GP  Name  Address	Je St, Quirindi Medical Centre Casillis St  HE REPORT REQUIRED FOR?  SPECIALIST  Name  Address  Date x
Narrabri - 2/108 Tibbereena St Gunnedah - Gunnedah Rual Health Centre, 27 Marquis St  REQUESTING DOCTOR DETAILS  Name Date  Address  Provider Number  Tel Mob Fax  Requesting Doctor Signature x	Quirindi - 195 Georg Coonabarabran - 68  IS A COPY OF THE LMO/GP  Name  Address	Je St, Quirindi Medical Centre Casillis St  HE REPORT REQUIRED FOR?  SPECIALIST  Name  Address  Date x

# **GoSonics Ultrasound**

Ph: 1800 338 111

Fax: 1800 225 874

Narrabri - 2/108 Tibbereena St

**Gunnedah** - Gunnedah Rual Health Centre, 27 Marquis St Gunnedah

Wee Waa - Wee Waa Medical Centre, 29 George St

**Quirindi** - 195 George St, Quirindi Medical Centre

Coonabarabran - 68 Casillis St

#### **Patient Preparation**

During any preparation prescribed medication should be continued unless specifically advised by your doctor

#### How do I prepare?

DVT – No preparation required

#### Other Vascular – six-hour fast

No solids for six-hours prior to your appointment. No smoking from four-hours prior to your appointment. You may drink clear fluid until one hour prior to your appointment time.

#### Kidney, urinary, bladder (KUB), prostate, renal – full bladder

Start drinking 800ml fluids two hours prior to appointment. If you need to urinate please continue to drink fluid before your appointment.

### **Pregnancy - full bladder**

Start drinking 800ml fluids two-hours prior to appointment. If you need to urinate please continue to drink fluid before your appointment.

Upper abdomen (pancreas, liver, gallbladder, spleen, aorta) – six-hour fast, no fluids.

Appointment	
Date://	/
Time:a.m	p.m.