Tel: 07 444 6020
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Within the Ōtorohanga Medical Centre
13 Kakamutu Street
Ōtorohanga 3900

ŌTOROHANGA ULTRASOUND

PATIENT INFORMATION

Name

Address

Contact Number

Date of Birth

NHI Number

ACC Number

SCAN TYPE

General
- ☐ Upper Abdomen
- ☐ Liver
- ☐ Aorta
- ☐ Renal
- ☐ Pelvis
- ☐ Other (please specify)

Small Parts
- ☐ Thyroid
- ☐ Testes
- ☐ Soft Tissue
- ☐ Other (please specify)

Musculoskeletal (MSK)
- ☐ Shoulder
- ☐ Elbow
- ☐ Wrist
- ☐ Hand
- ☐ Hip
- ☐ Knee
- ☐ Ankle
- ☐ Achilles
- ☐ Foot
- ☐ Abdominal Wall
- ☐ Groin
- ☐ Other (please specify)

Vascular
- ☐ Upper Limb DVT
- ☐ Lower Limb DVT
- ☐ Aorta
- ☐ Carotid
- ☐ Other (please specify)

Obstetric & Pregnancy
- ☐ Dating Scan
- ☐ Nuchal Translucency
- ☐ Anatomy Scan
- ☐ Growth Scan
- ☐ Other (please specify)

CLINICAL INFORMATION / QUESTIONS

☐ Tick if urgent

LMP

EDD

Name

Date

Send copies to

Signature