

# **APPOINTMENTS**

Ph: 08 9622 8261

Fax: 08 6477 3620 www.avr.com.au

Patient Name:			
Address:			
Date of Birth:		Pl	hone:
Gender:		Medicar	re No:
EXAMINATION:	Digital X-Ray		
	Ultrasound		
	Doppler		
CLINICAL DETAILS:			
COPIES TO:			
COFIES IO:		REFERRAL DETAILS:	
		DOCTOR'S SIGNATURE:	
		PROVIDER NUMBER:	
		DATE:	



### PATIENT INFORMATION

### **ABDOMEN ULTRASOUND**

Patients are required to fast for a minimum of 6 hours. Please do not smoke, consume dairy or chew gum during fasting. You may drink fluids such as water, black tea or black coffee only. Consume no sugar or sweeteners and take medications as normal.

#### **PELVIC ULTRASOUND**

Patients are required to have a full bladder, and must finish drinking 1 litre of water 1 hour prior to their appointment time and hold (do not go to the toilet).

#### FIRST & SECOND TRIMESTER PREGNANCY

Patients are required to have a full bladder, and must finish drinking 1 litre of water 1 hour prior to their appointment time and hold (do not go to the toilet).

#### **DOPPLER**

Patients are required to fast for a minimum of 6 hours. Please do not smoke, consume dairy or chew gum during fasting. You may drink fluids such as water, black tea or black coffee only. Consume no sugar or sweeteners and take medications as normal.

#### X-RAY

No preparation required.

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**LOCATED AT:** 

198 Fitzgerald Street East, Northam

