



DYNAMIC
IMAGING

ULTRASOUND SPECIALIST

RADIOLOGY REFERRAL

CALL FOR APPOINTMENT. PH: (03) 8738 3389

Appointment Time: _____

Date: _____

PATIENT'S NAME:

DATE OF BIRTH:

SEX:

TELEPHONE NO:

MED NO.

IMAGING REQUEST:

CLINICAL NOTES:

REFERRING DOCTOR'S DETAILS:

☐ Phone Report

☐ Fax Report

☐ Order more Referral Paper

☐

Private

☐

WC

☐

Pension

☐

TAC

☐

Vet Aff..

DOCTOR'S SIGNATURE: _____

DATE: _____

PATIENT PREPARATION

EXAMINATION	PREPARATION
Ultrasound- Female Pelvis, Renal	Empty bladder 1 hour prior to scan and then drink one litre (approx 4 glasses) of water and hold
Ultrasound- Abdomen & Abdominal Doppler	Nothing to eat or drink for 6 hours prior to scan.
Ultrasound- Obstetric	Drink 2-3 Full Glasses of water 1 hour prior to your appointment and hold

LOCATION

(Phone) 0387383389 (Fax) 0387383389

Consulting Room 16, 50 Kangan Drive, Berwick VIC 3806
(Within Premises of Doctors at Casey Medical Centre)

Info@dynamicimaging.com.au

Mon- Fri: 08:00 to 18:00

Sat: 08:00 to 12:00



GENERAL ULTRASOUND | ABDOMINAL ULTRASOUND | PEDIATRICS ULTRASOUND | PREGNANCY ULTRASOUND |
MUSCULOSKELETAL ULTRASOUND | VASCULAR ULTRASOUND | ULTRASOUND GUIDED INJECTION