



# RESONANT

## ULTRASOUND AND WOMEN'S IMAGING

**P:** 02 4880 1980

**F:** 02 4880 1981

**E:** [info@resmedical.com.au](mailto:info@resmedical.com.au)

**A:** 31 Banyette Street, Bowral NSW 2576

**W:** [resonantmedicalimaging.com.au](http://resonantmedicalimaging.com.au)

### Patient details

**Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*Bring this request form, Medicare card and any concession cards to your appointment.*

### Examination details

☐ **Ultrasound/Ultrasound Procedure**

☐ **Mammogram/Mammogram Procedure**

**Exam requested:** \_\_\_\_\_

### Clinical Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### All Obstetric Scans

**LMP:** \_\_\_\_\_ **EDD:** \_\_\_\_\_ **Unsure** ☐

**Referrer Name:** \_\_\_\_\_

**Referrer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### Referrer details

**Provider #:** \_\_\_\_\_ **Copy to:** \_\_\_\_\_

**Address:** \_\_\_\_\_

*Please include any relevant previous imaging and reports.*



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### What to know before your ultrasound scans

#### For renal scans, pelvic scans (including under 18's), first trimester/obstetric dating scans and nuchal screening scans:

Drink 500ml to 750ml of water 1 hour before your appointment and hold your bladder.

#### For second trimester/obstetric morphology scans and third trimester/obstetric progress scans:

Be well hydrated and hold your bladder for 30 minutes prior to your appointment.

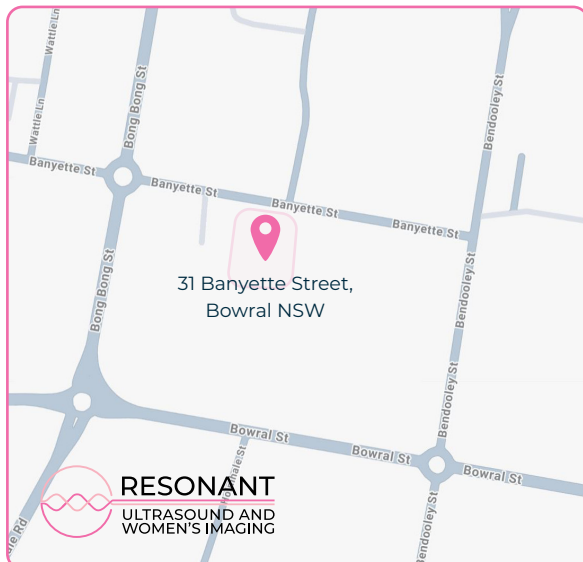
#### For abdominal scans:

Have nothing to eat or drink for 6 hours before your scan. Take regular medication with a small sip of water.

### What to know before your Mammogram

#### Before your appointment

- **Avoid certain products:** Do not wear deodorant, perfume, lotion or talcum powder on the day of your mammogram. These can appear as shadows on the X-ray.
- **Wear appropriate clothing:** Choose a two-piece outfit so you only need to undress from the waist up.
- **Remove jewellery:** Take off necklaces and large earrings before the procedure as they can interfere with the images.



### Appointment details

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

*Bring this request form, Medicare card and any concession cards to your appointment.*