Request for Ultrasound

KINGSBRIDGE Private Hospital ★★★★★

Patient ref number

WLI number

Referrers are required to complete sections 1-4 accurately and legibly. Inadequately completed forms will not be accepted.

1. Patient Details - print or affix addressograph or label

Title		Forename		Surname	
DOB		Gender	☐ Male ☐ Female		
Address				Postcode	
Tel (Home)		Tel (Mobile)			

Patient Identification - For Kingsbridge Private Hospital use only.

I have confirmed the above patient's name, address and DOB.		Signed	
☐ Verified by patient	If another/status	Signed	

2. Cautions (if none, tick here ☐)

Pregnancy	☐ Yes	☐ No	Date of LMP:					
Infection Risk	☐ MRSA	☐ Category 3	☐ Other					
Other Cautions	☐ Blind	☐ Diabetes	☐ Impaired cognitive function	☐ Asthma	☐ Deaf	☐ Mobility	☐ Bronchospasm	

☐ Allergies (please specify)

☐ Other (please specify)

3. Clinical details/notes. Please include provisional diagnosis or indication and indicate results of previous tests/imaging if applicable.

ECG Report

Chest x-ray report

Referrer **(print name)**		Signature		Date	
Address				Postcode	

4. Examination/procedure request:

Referrer (Print Name)		Signature	
Date device fitted		Date device due back	

For operator/practitioner use only

Examination/procedure authorised by		Date	

(Subject to a decision to proceed following completion of pregnancy status section on reverse, if relevant.)

Assigned to (Radiologist)			

☐ Reported ☐ Report sent ☐ Disc sent Date Sent

Address sent to		Postcode	
Tel (Home)		Tel (Mobile)	

Pharmaceutical prescription and contrast administration

Name	Strength	Dose/QTY	Batch no. & exp. date	Drawn up by	Checked by
Prescriber's signature			**Administered by**		

Pharmaceutical prescription and contrast administration

☐ Aorta		☐ Gall bladder	
☐ IVC		☐ CBD	
☐ Liver		☐ Pancreas	
☐ Left kidney		☐ Right kidney	
☐ Spleen		☐ Bladder	
☐ Uterus		☐ Prostate	
☐ Left ovary		☐ Right ovary	
☐ Other			

For Kingsbridge Private Hospital use only.

This patient is:

☐ Insured ☐ Self-funding ☐ WLI ☐ Employer ☐ Occ Health/Screen

Insured company/trust			
Policy Number		Authorisation Number	