

Dr Iain Duncan

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www.ultrasoundcbr.com.au

Name _____ D.O.B. _____

Address _____ Phone _____

_____ Medicare _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Renal/Urinary Tract |
| <input type="checkbox"/> Neck/Thyroid | <input type="checkbox"/> Carotid | <input type="checkbox"/> Scrotum/Testes |
| <input type="checkbox"/> Abdomen/Chest Wall | <input type="checkbox"/> Liver + Elastography | <input type="checkbox"/> FNA / Biopsy |
| <input type="checkbox"/> Lump/Bump/Mass | <input type="checkbox"/> Breast | <input type="checkbox"/> Other: _____ |

- | | | |
|--|---|---|
| <input type="checkbox"/> Aorta & Iliac Arteries | <input type="checkbox"/> IVC & Iliac Veins | <input type="checkbox"/> Renal Arteries / Mesenteric Arteries |
| DVT Study: <input type="checkbox"/> Arm <input type="checkbox"/> Leg | Varicose Veins: <input type="checkbox"/> Left <input type="checkbox"/> Right +/- Pelvic Veins | |
| Arterial Duplex: <input type="checkbox"/> Arm <input type="checkbox"/> Leg | AV Fistula: <input type="checkbox"/> Mapping <input type="checkbox"/> Post-Op/Surveillance | |

Obstetric: <12 Weeks 12-16 Weeks 17-22 Weeks >22 Weeks Nuchal Combined Risk

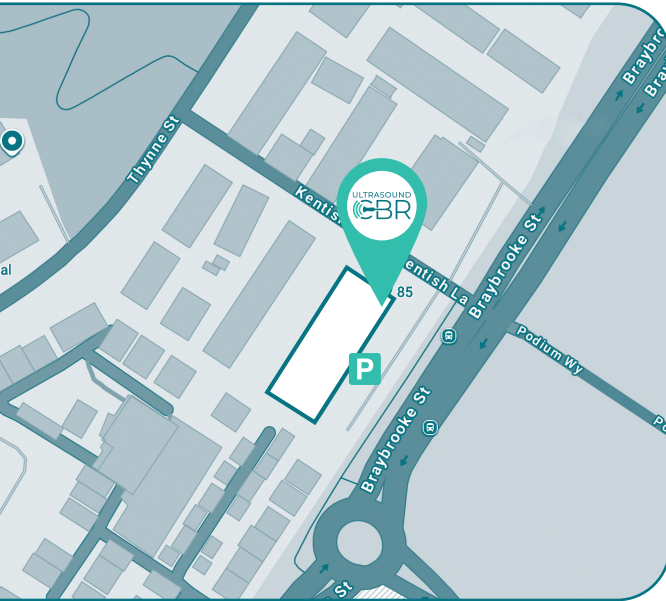
Paediatric: Abdomen Hips Spine Head

Consultation for injection therapy as assessed: PRP, Hyaluronic Acid, Corticosteroid, Others

Musculoskeletal Ultrasound (specify body part): _____ +/- Injection

Clinical Notes & Consultation Details:
(Attach a copy of your patient clinical summary)

Referrer Details:



We are located within
Capital Specialist Centre
Bruce.
85/15 Braybrooke St,
Bruce ACT

Dedicated patient
parking available at the
front of the building.
Additional parking
available along
Braybrooke St.

NOTES:

