

# EAST BAY RADIOLOGY

A BAY RADIOLOGY SERVICE

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Mr Mrs	Dr Miss Ms	Surname:	First Names:	Date of Birth: / /
Address:		Telephone:	ACC No:	
		NHI No:	DOI:	
Service Required (Specify) <input type="checkbox"/> X-ray <input type="checkbox"/> Mammography <input type="checkbox"/> Ultrasound _____ LMP _____ EDD	Examination Requested (specify)	Clinical Details		
			Signature: _____	
			Name of Referring Doctor: _____	
			Copy of report to:	

MRT

EXAM CODE

No. OF FILMS

# Patient Instructions

## Ultrasound Examinations

### **Pelvis, Kidney, Bladder, Lower Abdomen:**

1 hour before appointment empty bladder, then drink 1 litre of water so the bladder is full for your ultrasound. Do not empty bladder again until after your ultrasound.

### **Obstetric:**

Up to 18 weeks, as for pelvic ultrasound. Over 18 weeks - drink fluid prior to examination so that the bladder is reasonably full.

### **Gallbladder, Upper Abdomen:**

Nothing to eat and only clear fluids for 6 hours before the examination.

### **Mammography:**

Do not use talcum powder or deodorant on the day of examination. Avoid premenstrual week if possible. Wear a shirt or blouse buttoned down the front.

***All other instructions will be given when arranging your appointment.***

## **Radiologists:**

*Philip Borrie* F.R.A.N.Z.C.R.

*Bruce Chisholm* F.R.A.N.Z.C.R.

*Adam El-Dieb* MB BCH.

*Gerard Eagar* F.R.A.N.Z.C.R.

*Guy Mason* F.R.A.N.Z.C.R.

*Louise Moore* F.R.A.N.Z.C.R.

*Brendan Murray* F.R.A.N.Z.C.R.

*Amanda Ragg* F.R.A.N.Z.C.R.

*Duncan Wood* F.R.A.N.Z.C.R.

*Logan Fletcher* F.R.A.N.Z.C.R.

