MID NORTH IMAGING

ULTRASOUND IMAGING REFERRAL

Phone: 08 7634 6677

Appointment Time: ..... Date: .....

Patient Details

Name

Address

DOB

Phone

Medicare No.

Examination Requested

Clinical Details

Referring Doctor

Copies To

BOOK YOUR APPOINTMENT

Phone: (08) 7634 6677
Fax: (08) 7634 6678
Email: admin@midnorthimaging.com.au
Scan: QR code and follow the prompts

Signature

Date

www.midnorthimaging.com.au

Patient Preparation

Upper Abdominal Ultrasound / Aorta Ultrasound
Do not eat, drink or smoke for six hours before your appointment. A small amount of water may be taken with regular medications.

Pelvic Ultrasound / Obstetric Ultrasound
A full bladder is required. Drink 500ml of water finishing at least 1 hour before your appointment. Do not empty your bladder.

Renal Ultrasound
A full bladder is required. Drink 1 litre of water finishing at least 1 hour before your appointment. Do not empty your bladder.

For general enquiries and further information please visit...

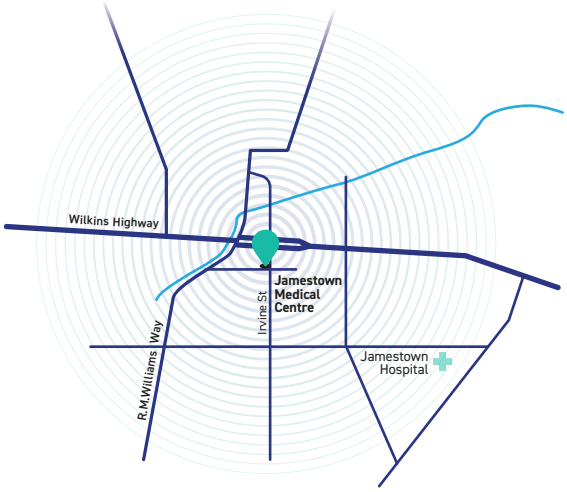
www.midnorthimaging.com.au

Location

Jamestown Medical Centre
66 Irvine Street,
Jamestown SA 5491

Opening Hours

9am - 5pm Monday to Friday
Closed Saturdays
and Sundays



PROVIDING ULTRASOUND FOR

Abdominal | Gynaecology | Obstetric | Small Parts | Muskuloskeletal | Vascular

Your doctor has recommended that you use Mid North Imaging. You may choose another provider, however it is important to discuss this with your doctor first.

Please bring this referral form, your Medicare card and your pension / health care card to your appointment.