

Medical Ultrasound Referral Form

Ms. Sheila Briody (Clinical specialist Sonographer DCR/DMU)

www.ScanMe.ie

Fax Number : 044 930 1540

Referring Doctor details:

Name _____

Address _____

Signature _____

Date _____

Patient details:

Name _____

D.O.B _____

Address _____

Mobile _____

Requested Ultrasound Exam:

- R/O DVT Lower Limb
- Testes scan
- Thyroid scan
- Pelvic scan
- Renal scan
- Aorta scan
- Abdominal scan
- Soft Tissue Mass
- Carotid Duplex Ultrasound

Indication:

Please Fax this request to 044 930 1540

**Or Post to Ms. Sheila Briody, ScanMe.ie, 6B Medical Park, Market Point,
Patrick st, Mullingar, Co. Westmeath.**

(Tel: 086 778 3353) (e-mail: info@scanme.ie)