BERMUDA HEALTHCARE SERVICES, LTD.

19 The Lane, Paget PG 05, Bermuda
Tel: 441.236.2810 Fax: 441.236.2835 E-Mail: bhcs@ibl.bm
KEMH ext. 1545

Please print carefully when completing this form.

APPOINTMENT
Date: _____ Time: _____
(Day/ Month /Year)

Personal Information

- Patient's Name _____ Date _____
- Telephone (Home) _____ (Work) _____
- Date of Birth (Day/ Month /Year) _____
- Referring Physician _____
- Clinical History/Indications _____

_____

_____

Mammography

- ☐ Initial Mammogram
- ☐ Annual Screening Mammogram
- ☐ Follow-up Mammogram

Special Instructions _____

_____

_____

Ultrasound

General	Vascular	Special
☐ _____	☐ Carotid	☐ Transrectal Prostate
☐ _____	☐ Venous Doppler	☐ Joint _____
☐ _____	☐ Echocardiography	☐ _____

Special Instructions _____

_____

_____

X-Ray

☐ Chest	☐ Lumbar Spine	☐ Elbow (L) (R)	☐ Hip (L) (R)
☐ Skull	☐ Sacrum	☐ Wrist (L) (R)	☐ Abdomen flat
☐ TMJ	☐ Coccyx	☐ Hand (L) (R)	☐ Abdomen upright
☐ Sinuses	☐ Pelvis	☐ Knee (L) (R)	☐ _____
☐ Cervical Spine	☐ Femur	☐ Ankle (L) (R)	☐ _____
☐ Thoracic Spine	☐ Shoulder (L) (R)	☐ Foot (L) (R)	☐ _____

Special View Instructions _____

_____

_____

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Patient Instructions

❒ **Abdominal Ultrasound** Upper Abdomen
Prep: (Liver, Pancreas, Gallbladder, Spleen)
Please do not eat or drink for 12 hours before your appointment time.

❒ **Pelvic Ultrasound**
Prep: Finish drinking 6 glasses of fluid 45 mins. before appointment. Arrive for exam with FULL bladder.

❒ **Renal Ultrasound** Includes Kidneys and Bladder
Prep: Finish drinking 6 glasses of fluid 45 mins. before appointment. Arrive for exam with FULL bladder.

❒ **Transvaginal Ultrasound**
No Prep

❒ **Transrectal Ultrasound**
No Prep

❒ **Obstetric Ultrasound**
LMP: _____
Prep: Same as pelvic up to twelve weeks gestation (See above).
No Prep: After twelve weeks gestation.

❒ **Small Parts Ultrasound**
Specify: _____
Prep: None, apart from Prostrate which is same as pelvic.

❒ **Echocardiography**
Prep: None

❒ **Mammogram**
Prep: No Powder or underarm deodorant on the breasts or underarms on day of exam.

❒ **X-Ray(s)**
No Prep