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## Diagnostic Ultrasound Imaging Referral

Patient Details – Name/D.O.B. \_\_\_\_\_

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Ultrasound Requested/Clinical Details \_\_\_\_\_

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Referring Practitioner, Provider number, Signature and Date \_\_\_\_\_

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To Book Your Ultrasound Examination Directly With P&E - Please Scan The QR Code



Contact: Andrew Byrne  
Founder & Principal Sonographer  
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