Harmonic			NHS								
Medical				Referral for Ultrasound Scanning							
				Telephone: 0161 503 6205							
Sonography					Email to: Referrals.harmonicsonography@nhs.net						
ALL FIELDS ARE MANDATORY ANY FIELDS NOT COMPLETED MAY RESULT IN THE REFERRAL BEING DELAYED, RETURNED AND/OR REJECTED											
GP PRACTIC	E CODE	:	DELAYED,	RETUR	RNED AN	D/OR R					
										-	
Patient Details				Referring Clinician Details					n Details		
Name						lame					
DOB					Add	ress					
Gender											
Address											
NHS No					Poste	code					
E-mail	E-mail				Telephone						
Telephone					E	mail					
Mobile											
SCANNING REQUEST:									AT	EVIOUS IMAGING	
Abdomen		Urinary Tracts	Gyna Gyna	ecolo	gical	M	usculoskelet	tal		Soft Tissue	
🗌 Vascular		Scrotum	🗌 Thyro	oid		🗌 Sa	alivary Gland	ls		Abdominal Wall	
Groin		Other	SPECIFY	SPECIFY:						RIGHT	
										LEFT	
Clinical inform	nation (in	clude symptoms, hi	istory, medi	cation	and alle	rgies):					
Special requir	omonto										
Special requirements: Mobility assistance Sensory impairment Translator required Language:											
Mobility assistance Sensory impairment Translator required Language: Transport required (if eligible)? Diabetic Other requirements:											
					-1						
Referrer's Signature:								Date	<u>.</u>		
Job Title:	nature:			Dro	fossion	al Poe	istration Num	Date	e:		



OUR LOCATIONS – East Sussex

For up to date clinics visit: www.harmonicmedicalsonography.com

	Anchor Healthcare Centre Meridian Way Peacehaven BN10 8NF	Station Plaza Health Centre Station Approach Hastings TN34 1BA	Grove Road Surgery 59-63 Grove Road, Eastbourne, BN21 4TX			
NHS East Sussex CCG	Quayside Medical Practice Chapel Street Newhaven BN9 9PW	Little Common Surgery 82 Cooden Sea Road Bexhill-on-Sea TN39 4SP	Healogics Wound Healing Centre Wish Tower House 1c Edward Road Eastbourne BN23 8AS			
	South Saxon House Surgery 4 Whatlington Way, Hastings, St. Leonards-on-Sea, TN38 9TE	Old Town Surgery 13 De La Warr Road Bexhill-on-Sea East Sussex TN40 2HG				