CLEAR FORM

REQUEST for DIAGNOSTIC IMAGING

Direct Radiology
Focused on care

APPOINTMENT TIME:

DATE: _____ TIME: _____

Name:

Date of Birth:

Address: Telephone:

REFERRAL/REQUEST(S) FOR:

CLINICAL DETAILS:

REFERRING DOCTORS DETAILS:

PATIENT CATEGORY:
- ☐ PRIVATE
- ☐ VET/AFF
- ☐ TAC
- ☐ W/C
- ☐ PENSION

RESULTS:
- ☐ Telephone Report
- ☐ Images + report return with patient
- ☐ Fax Report
- ☐ Electronic Report

All reports will be emailed with immediate web access to images

COPIES TO:

DATE:

DOCTOR'S SIGNATURE:

PROVIDER NUMBER:

Male ☐ Female ☐

Pregnant? ☐ Yes ☐ No

Renal Function

For contrast-enhanced **CT** or **MR,** renal function (Within last 3 months) is required if any box ticked.

> 60 Years old ☐
Renal disease ☐
Diabetes ☐
Hypertension ☐

Renal Function - eGFR _____ or Cr _____

Date Performed _____

CT
Patient taking Metformin? Yes ☐ No ☐

MRI SAFETY SURVEY

Please indicate with a tick:	YES	NO
Cardiac Pacemaker (or wires)	◯	◯
Heart valve / Coronary stent	◯	◯
Aneurysm Clip	◯	◯
Cochlear / Stapes implant	◯	◯
VP shunt	◯	◯
Neurostimulator	◯	◯
Breast Tissue Expander	◯	◯
Insulin Infusion Pump	◯	◯
Other Metallic Foreign Body	◯	◯
Metallic Foreign Body in Eye (If not removed = orbit X-ray)	◯	◯

If 'YES" to ANY above, please provide make, model and any supporting documentation.

Direct Radiology is committed to providing high quality imaging services with low out of pocket cost to patients. Most imaging services are BULK BILLED including X-Ray, *Ultrasound and Low Dose CT Scans.
*Obstetric, Paediatric (children under 5 years) and interventional Ultrasound services may incur an out of pocket cost

Your doctor has recommended that you use Direct Radiology. You may choose another provider but please discuss with your doctor first.
Re-order forms via www.directradiology.com.au

GENERAL INSTRUCTIONS:

For all exams please continue to take your medications normally. (Unless specified)
Please bring any previous imaging with you so that your Radiologist may use these for comparison.
Please check with your doctor or our clinic if you have any concerns.
Diabetics should contact Direct Radiology before fasting.

CT SCAN:

PREPARATION INSTRUCTIONS:

Brain/Sinuses/Spine & Extremities: No patient preparation required.
Chest/Neck/Angiograms: A 2 hour fast is required.
Abdomen & Pelvis: A 4 hour fast is required. Please present 60 minutes prior to your appointment time to allow time to drink the oral contrast which will be given to you upon arrival.
Interventional Procedures: Contact our staff for specific instructions.

ULTRASOUND:

PREPARATION INSTRUCTIONS:

Abdominal Ultrasound: Fast (nothing to eat or drink) for 6 hours prior to the examination. (Small amounts of clear fluid and medications are permitted).
Pelvic and Early Pregnancy Ultrasound: Drink 3 glasses of water 1 hour before your examination so that you present with a comfortably full bladder.
Renal Ultrasound: Drink 5 glasses (750 ml) of water 1 hour before your examination.
No preparation is needed for Breast, Thyroid,Testes, Musculoskeletal (muscles, bones and joints)

MRI (Magnetic Resonance Imaging):

PREPARATION INSTRUCTIONS:

Please Inform us if you have a pacemaker. MRI can be dangerous if you have a Pacemaker.
No preparation is required for **(Brain, Spine, Joint, Pelvic/Prostate/Rectal or Heart MRI.)**
Liver and Biliary (MRCP) - fast for 4 hours, please take medication as usual.
Small bowel (Enterography) MRI - fast for solids 6 hours, liquids 4 hours, take usual medication.
Breast MRI - please discuss with our reception staff.
Please leave valuables at home including jewellery.
Wear loose fitting clothing without metal zippers, hooks or buttons (changing into a gown may be avoided).
Please alert staff at the time of booking if any of the conditions on the “MR safety survey” on the front of this request relate to you.
All metal items and electronic (including credit cards) items must be removed before entering the magnet room.

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Practice	Address	Suburb	Phone	Fax	X-Ray	Ultrasound	Women's Ultrasound	Obstetric Ultrasound	Vascular Ultrasound	Sports/Musculoskeletal Imaging	Low Dose CT	Mammography	Bone Densitometry	OPG (Dental X-Ray)	Interventional Procedures	3T MRI
					Services Provided											
Fairfield	Level 1, 149 Station Street	Fairfield	9489 8884	9489 8887	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bayside	280 Coventry Street	Sth Melbourne	8617 0226	8617 0229	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	
Yarra Ranges	66 Main Road	Monbulk	9756 7605	9756 7675	✓	✓	✓	✓	✓	✓					✓	