REQUEST for DIAGNOSTIC IMAGING

I

Ī

APPOINTMENT TIME		Dire	ect
<u>DATE: / /</u>	TIME:		diology
Name:		Focused	d on care
Date of Birth:			
Address:	Telephone:		
REFERRAL/REQUEST(S) FOR:		CLINICAL DETAILS:	
REFERRING DOCTOP	RS DETAILS:		
PATIENT CATEGORY:	RESULTS: Telephone Report Images + report return with patient Fax Report	COPIES TO:	
□ W/C □ PENSION	 Electronic Report All reports will be emailed with immediate web access to images 	DATE:	
DOCTOR'S SIGNATUF	E:	PROVIDER NUMBER:	
Male Female		MRI SAFETY SURVEY	
Pregnant? Yes No		Please indicate with a tick:	YES / NO
Renal Function		Cardiac Pacemaker (or wires) Heart valve / Coronary stent	\bigcirc \bigcirc
	anced CT or MR , renal function nths) is required if any box ticked.	Aneurysm Clip Cochlear / Stapes implant	
> 60 Years old Renal disease Diabetes Hypertension		VP shunt Neurostimulator Breast Tissue Expander Insulin Infusion Pump	
Renal Function -	eGFR or Cr	Other Metallic Foreign Body	$\bigcirc \bigcirc$
Date Performed		Metallic Foreign Body in Eye (If not removed = orbit X-ray)	\bigcirc \bigcirc
СТ	T If 'YES" to ANY above, please provide make, model and any supporting documentation.		
Most ima	is committed to providing high quality im aging services are BULK BILLED including , Paediatric (children under 5 years) and interventio	y X-Ray, *Ultrasound and Low Dose CT	Scans.

L

Direct Your doctor has recommended that you use 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.

t.

Diabetics should contact Direct Radiology before fasting.

CT SCAN:

1

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.

