

RADIOLOGY REQUEST FORM

PATIENT DETAILS

NAME:

DOB:

SEX:

ADDRESS:

MEDICARE NO.:

TEL:

MOBILE:

REFERRAL DATE:

EXAMINATION REQUIRED

CLINICAL NOTES

REFERRING DOCTOR DETAILS

DOCTORS NAME:

PROVIDER NO.:

ADDRESS:

TEL:

FAX:

SIGNATURE:

IMPORTANT MEDICARE ADVICE
YOU MAY CHOOSE TO USE THIS
RADIOLOGY REQUEST FORM
WITH ANOTHER PROVIDER.

**Do not send to
My Health Record**

TECHNOLOGISTS USE ONLY

- Patient Identification Verified
- Procedure/Consent Verified
- Side/Site Verified
- Patient Data Side Markers
- eGFR
- Contrast Allergy Y / N
- Pregnant Y / N

Technologists Initials _____

HELENSVALE

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1/13 Sir John Overall Drive

Helensvale QLD 4212

We are off the Pacific Motorway
Exit 62, 250m Discovery Drive.
Turn left into Sir John Overall Drive.

BROWNS PLAINS

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TAMBORINE MOUNTAIN

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21-23 Southport Avenue

Tamborine Mountain QLD 4272

We are off Eagle Heights Rd, turn
right into Southport Rd, enter the
centre, we are next to the Bakery.



PLEASE ENSURE PATIENT BRINGS PREVIOUS FILMS

X-Ray | Ultrasound | Mammography | Interventional Radiology | BMD | OPG | CT

www.irisimaging.net.au

PATIENT PREPARATION

The following are for adult studies. For children, or for patients who feel they may not be able to cope with the particular preparation required, please contact our staff.

Previous history of any allergic reaction to Intravenous Contrast Medium should be reported to reception when making your appointment.

Medication to reduce the risk of Contrast Medium reaction may be required and can be arranged by staff.

ULTRASOUND

ABDOMEN: Fast for 6 hours. Please do not smoke during this period. Take normal medication with a sip of water. (Please note no milk or soft drinks.)

PELVIS: It is important that you have a FULL BLADDER at the time of the examination. 1½ hours before the appointment empty your bladder, then drink 1½ litres of clear fluid over the next hour. Do not empty your bladder until after the ultrasound examination.

RENAL: Fast for 6 hours before the appointment time. A FULL BLADDER will be required. Empty bladder 1½ hours prior to appointment time, then drink 1½ litres of clear fluid over the next hour. Do not empty your bladder until after the ultrasound examination.

OBSTETRIC ULTRASOUND: (up to 25 weeks) A FULL BLADDER will be required. Empty bladder 1½ hours prior to appointment time, then drink 1½ litres of clear fluid over the next hour.

OBSTETRIC ULTRASOUND: (>25 weeks) Drink 3-4 glasses of clear fluid starting 1 hour before your appointment.

BREAST, THYROID, SCROTAL, LEG VEINS, DUPLEX CAROTID ULTRASOUND: No preparation is required.

RENAL ARTERIES, ABDOMINAL AORTA DOPPLER: Please fast for 6 hours prior to the examination, with no smoking during this time.

C. T. SCANNING

CT ABDOMEN, CT PELVIS: Fast for 4 hours. Please advise our staff if you are diabetic, asthmatic or have any allergies. Please contact our staff for preparation.

CT CHEST, CT HEAD, CT SOFT TISSUE NECK, CT ANGIOGRAPHY: Fast for 4 hours. Please advise our staff if you are diabetic, asthmatic or have any allergies. It is important to remain hydrated. Please drink two glasses of water in the hour before your appointment.

CT LUMBAR SPINE, CT SINUSES: No preparation is required.

X- RAY EXAMINATION

PLAIN X-RAYS: No preparation is required.

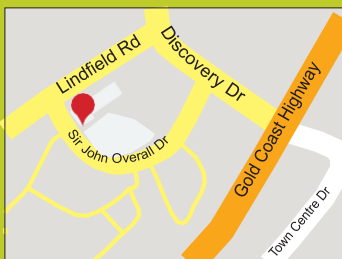
MAMMOGRAPHY: Please do not use talcum powder or deodorant on day of examination.

BMD (BONE MINERAL DENSITOMETRY): No preparation is required.

DEXA BODY COMPOSITION: No preparation is required.

Please continue to take your normal medication as prescribed.

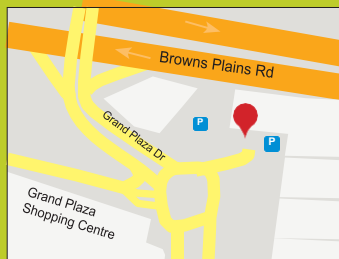
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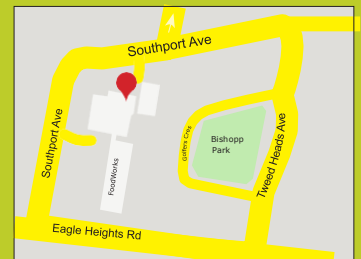
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