



PATIENT DETAILS

Name:

Date of Birth:

Address:

Telephone (H):

Telephone (W):

Medicare No:

REQUEST FOR

CLINICAL DETAILS

REFERRING DOCTOR DETAILS

RESULTS

- Tel/Fax Report (No)
- Is there any chance the patient may be pregnant?
- YES
- NO

COPIES TO

DOCTOR SIGNATURE _____

DATE _____

Tear here

APPOINTMENT DETAILS

Time: _____ **am / pm** **Day** _____ **Date** _____

The consulting Radiologist, in exercising due care and skill, may conduct a patient consultation as deemed necessary. The Radiologist will engage with the referrer to consider any further diagnostic imaging requirements that may result from the consultation

MRI +/- ORBITS +/- SKULL +/- CHEST X-RAY

- YES NO History of Metalwork, Grinding, Welding?
- YES NO Cardiac Pacemaker?
- YES NO Cardiac Valve Replacement
- YES NO Neurostimulator
- YES NO Brain Aneurysm Clip
- YES NO Ear Implant
- YES NO Eye Surgery or Metal in Eye

CT SCANNING

- YES If diabetic, does treatment contain Metformin?
- NO

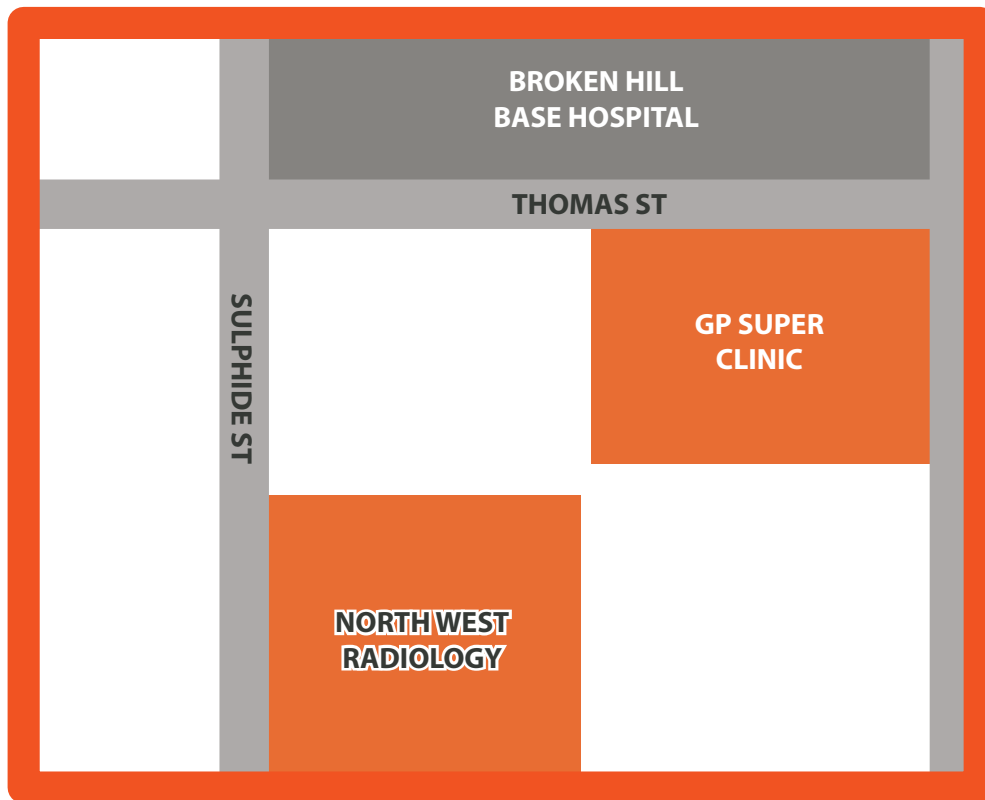
What is current renal function? _____

Date of renal function? _____

- BULK BILLING FOR MOST SCANS
- SAME DAY APPOINTMENTS AND REPORTS
- URGENT RESULTS PHONED THROUGH

- RESULTS AND IMAGES DIRECT TO YOUR PRACTICE SOFTWARE
- RADIATION DOSES AS LOW AS REASONABLY ACHIEVABLE

304 Sulphide St. Broken Hill
Telephone: **(08) 8084 3888** - Fax: **(08) 8084 3866**
Email: **info@nwradiology.com.au**



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ULTRASOUND URINARY TRACT (KIDNEY OR BLADDER)

Adult Prep:

Drink 1 litre of water based fluids finishing at least 1 hour before your appointment. Do not empty your bladder.

Children's Prep:

Under 2 Years: Feed normally, encourage the child to drink extra fluid before examination.

2-8 Years: Drink 2 glasses of any fluid (not milk) in the hour prior to the examination. Child should not empty bladder.

ULTRASOUND OF PELVIS, PREGNANCY, BLADDER

You need to have a full bladder. Drink 1 litre of water based fluids (not milk) finishing at least 1 hour prior to your appointment. Do not empty your bladder.

ULTRASOUND OF GALL BLADDER / UPPER ABDOMEN

Do not have anything to eat or drink and do not smoke for 6 hours before your appointment.

CT SCAN OF ABDOMEN &/OR PELVIS, NECK & CHEST

Nothing to eat for 4 hours before your appointment. Drink one litre of water one hour prior to your appointment. You may go to the toilet.

CT HEAD, SPINE & EXTREMITES - No preparation required.

BONE DENSITOMETRY - No preparation.

OPG / CEPHALOMETRY - No preparation.

MRI - Procedure details will be explained when making the appointment.

Your Doctor has recommended you use North West Radiology. You may use choose another provider but please discuss this with your Doctor first.