



**PATIENT DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (M) \_\_\_\_\_ (H): \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

**BILLING**

- Private
- HCC /Pension
- VetAffairs
- WorkCover
- TAC

**EXAMINATION REQUESTED**

- MRI / MRA / dGEMRIC
- CT / CTA
- Ultrasound
- X-Ray
- Radiofrequency Ablation
- Intervention / Fine Needle Aspiration / Biopsy
- Pain Management
- Autologous Blood / Platelet Rich Plasma injection
- Hydrodilatation
- Other \_\_\_\_\_

**CLINICAL DETAILS**

**ALERTS**

Renal impairment  Y  N Creatinine \_\_\_\_\_ eGFR \_\_\_\_\_ Date \_\_\_\_\_ Metformin  Y  N

Contrast Allergy  Y  N LNMP \_\_\_\_\_

**FOR MRI:** ± X-ray orbits ± Skull ± CXR ± AXR.

Pacemaker?  Y  N Cochlear Implant?  Y  N Aneurysm Clip?  Y  N

**REFERRER DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Provider no: \_\_\_\_\_

**REPORT**

- URGENT  Fax
- Return with patient  Post
- Email

**IMAGES**

- CD\*  Film
- Online access / **mrconnect**

**MORE REFERRAL PADS**

- A4  A5

Date: \_\_\_/\_\_\_/\_\_\_\_\_

**COPIES TO:** \_\_\_\_\_

Appointment Date: .....

Time: .....

This form needs to be presented at the time of your appointment. Please bring your Medicare, DVA or concession card and any previous scans with you. TAC or WorkCover claim numbers/approval letters will be required.

## PREPARATION FOR AN EXAMINATION

WE ACCEPT ALL RADIOLOGY REFERRALS

Unless otherwise advised, please continue to take your medications as usual.

If you are diabetic, please advise us at the time of booking as fasting may be required for an examination.

### CT SCAN

#### Neck, Chest, Abdomen, Pelvis, Angiogram & Intravenous Cholangiogram (IVC)

Fast for 4 hours prior to the examination.

For CT Abdomen & Pelvis, drink 1 litre of water (4 cups) 30 minutes before the examination.

#### Other CT Examinations:

No preparation unless otherwise instructed.

### ULTRASOUND

#### Abdomen

Nothing to eat or drink for 6 hours.

#### Doppler Aorta & Renal

Fast for 8 hours.

#### Other Ultrasound Examinations:

No preparation unless otherwise instructed.

### DIGITAL X-RAY

No preparation required.

### MRI SCAN

No preparation required.

### Pelvis, Renal & 1st Trimester Pregnancy

Empty bladder one hour before the examination and immediately drink 1 litre of water (4 cups) within 1 hour of the examination and

**do not empty bladder.**

**Bladder must be full for this examination.**

Your doctor has recommended that you use Melbourne Radiology Clinic. You may choose another provider but please discuss this with your doctor first.

Detailed information regarding parking and public transport access is available on our website.

## Melbourne Radiology Clinic

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