



Appointment Time:

Date:

Name:

Date of Birth:

Address:

Phone (H):

Phone (B):

Medicare No:

**EXAMINATION REQUESTED:**

**CLINICAL DETAILS:**

**REFERRING DOCTOR DETAILS:**

**PATIENT:**

**REPORT:**

- Private
- Pension
- VetAffairs
- WorkCover
- TAC

- Return with patient
- Telephone (No. \_\_\_\_\_)
- Fax (No. \_\_\_\_\_)
- Email

**COPIES TO:**

**DOCTOR'S SIGNATURE:**

**DATE:**

**ALERTS:**

Contrast Allergy Y/N    Pregnant Y/N    LNMP \_\_\_\_\_  
 Renal impairment Y/N    Creatinine \_\_\_\_\_    eGFR \_\_\_\_\_    Date \_\_\_\_\_    Metformin Y/N  
 FOR MRI: ± X-ray orbits ± Skull ± CXR ± AXR.  
 Pacemaker? Y/N    Cochlear Implant? Y/N    Aneurysm Clip? Y/N

**MORE REFERRAL PADS**

- A4 (computerised)     A5 (manual)

**IMAGES STORED ELECTRONICALLY FOR 7 YEARS**



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**PREPARATION FOR AN EXAMINATION**

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.

**MRI SCAN**

No preparation required.

**ULTRASOUND**

**Abdomen:**

Nothing to eat or drink for 6 hours.

**Doppler Aorta & Renal:**

Fast for 8 hours.

**Pelvis, Renal & 1st Trimester**

**Pregnancy & Nuchal Assessment:**

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.  
 Other Ultrasound Examinations:

No preparation unless otherwise instructed.

**DIGITAL X-RAY**

No preparation required.

