



# melbournerradiologyclinic

## Dr George Koulouris

General & Musculoskeletal Radiologist

MBBS, GradCert(SpMed, MMed, FRANZCR

ABN 36 269 233 905

Ground Floor, 3-6/100 Victoria Parade,  
East Melbourne VIC 3002

Phone: 03 9667 1667 Fax: 03 9667 1666

melbournerradiology.com.au

### PATIENT DETAILS

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

Date of Birth: \_\_\_\_\_ Medicare No: \_\_\_\_\_

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

\_\_\_\_\_

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

### EXAMINATION REQUESTED

MRI/MRA

Intervention/Fine Needle Aspiration/Biopsy

CT/CTA

Pain Management

Ultrasound

Autologous Blood/Platelet Rich Plasma injection

X-Ray

Hydrodilataion

Other: \_\_\_\_\_

### CLINICAL DETAILS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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

### REFERRER DETAILS

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

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

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

Signature: \_\_\_\_\_

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

### PATIENT

Private

Pension

VetAffairs

WorkCover

TAC

### REPORT

Return with patient

Telephone

Fax

Email

### MORE REFERRAL PADS

A4 (computerised)

A5 (manual)

Appointment Date & Time: .....

This form needs to be presented at the time of your appointment. Please bring your Medicare, DVA or current concession card and any previous scans with you.

### 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.

#### 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.

#### MRI SCAN

No preparation required.

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