NIDDRIE XRAY

REFERRAL AND/OR REQUEST(S) FOR DIAGNOSTIC IMAGING

Low Dose CT | Ultrasound | Digital X-ray | Intervention | OPG

See over for location.

312A Keilor Road,
Essendon North, Victoria 3041
Telephone: 9379 5222
Fax: 9379 7722
www.niddriexray.com.au

Time of appointment: Date: / /

PATIENT DETAILS:

Name: DOB: / / Telephone:

Address: Medicare No:

Sex: ☐ M ☐ F Your Ref:

REQUEST FOR: ☐ General X-Ray ☐ US ☐ CT ☐ OPG ☐ Dentascan ☐ Full Length Spine Imaging ☐ Long Leg Imaging

RESULTS: ☐ Routine ☐ Urgent ☐ Fax ☐ Phone ☐ Take Film ☐ Email ☐ Copy to

PROCEDURE & CLINICAL NOTES:

For female patients, is there any chance the patient may be pregnant? ☐ Yes ☐ No

CT Scanning

If diabetic, does treatment include Metformin? ☐ Y ☐ N

What is current renal function?

Date of renal function: / /

CT Scan

Neck, Chest, Abdomen, Pelvis & Angiogram Fast for 4 hours prior to 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 6 hours.

Pelvis, Renal & 1st Trimester Pregnancy Empty bladder one hour before 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 these examinations.**

Other Ultrasound Examinations No preparation unless otherwise instructed.

REFERRER DETAILS:

Referring Dr: Prov. No:

Address:

Signature: ✗ Date: / /

IMPORTANT NOTE:

- Please bring this form, your Medicare card, DVA card, current concession card and previous films with you.
- Please call clinic for examination preparation requirements.

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.