

MEDICAL IMAGING REQUEST

Patient Name:

Address:

..... Postcode: D.O.B:

Phone: Mobile:

EXAMINATION REQUIRED

- Digital X-Ray
- EOS® – Long Length Imaging
- Fluoroscopy
- CT
- CT Coronary Angiography
- PET-CT + Diagnostic CT
- Nuclear Medicine
- BMD/DEXA
- 2D/3D Mammography +/- Breast Ultrasound
- Ultrasound
- Vascular Ultrasound
- MRI
- Interventional Procedure
- Echocardiography

CLINICAL NOTES

* Previous contrast allergy? Yes / No * Could the patient be pregnant? Yes / No
 * Is patient diabetic? Yes / No Creatinine:

REFERRER DETAILS

Name: Provider No:

Address:

..... Copy to:

Phone: Fax:

Signature: Date:

PLEASE TICK FOR PRINTED IMAGES

All images are available on-line only unless otherwise requested

Your doctor has recommended you use San Radiology and Nuclear Medicine. You may choose another provider but please discuss this with your doctor first.

PLEASE REMEMBER TO BRING THIS REQUEST FORM AND ANY RELEVANT PREVIOUS FILMS TO YOUR APPOINTMENT

MRI - High Resolution (3T)

CT - Dual Source, ULTRA Low Dose

General Ultrasound

Vascular Ultrasound

Echocardiography

2D/3D Mammography

Digital X-Ray

EOS® – Long Length Imaging

Interventional Procedures

PET-CT

Nuclear Medicine

Bone Mineral Densitometry

MY APPOINTMENT DETAILS:

Appt Date: / /

Appt Time:

PATIENT INFORMATION

Please note that some examinations require preparation.

Please enquire when making your appointment.

Note if you are **DIABETIC** please inform our team at the time of making your appointment as modified preparation instructions may apply.

EXAMINATIONS/PROCEDURES REQUIRING PREPARATION

CT/PET-CT	Ultrasound	Other Procedures
Abdomen & Pelvis	Abdomen	Interventional Procedures
Brain/Head/Neck	Pelvis (Female & Male)	Fluoroscopy Examinations
Chest	Renal	Nuclear Medicine
Cardiac (Heart)	Doppler	
Angiography		



HOW TO FIND US:

- Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1)
- Park in **P1** for San Radiology
- Park in **P2** for Nuclear Medicine

