

IMAGING / CONSULTATION REQUEST

PATIENT DETAILS
Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ Workers Comp

Medicare Number _____ Third Party

**EXAMINATION
REQUESTED**

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> General X-Ray | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Obstetrics / Gynaecology |
| <input type="checkbox"/> CT (low dose) | <input type="checkbox"/> General | <input type="checkbox"/> Vascular |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Doppler | <input type="checkbox"/> Musculoskeletal |

**AREA TO BE EXAMINED
& CLINICAL NOTES**
 Allergies _____ Urgent Pregnant: YES NO

For IV contrast exams, recent creatinine level / eGFR: _____

REFERRER DETAILS
Name* _____ **Speciality*** _____

Address* _____ **Provider Number*** _____

Contact Number* _____ **Fax Number:** _____

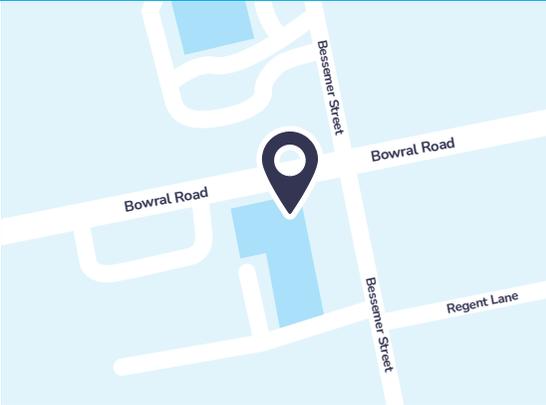
**Must be completed*
Signature* _____ **Date*** _____

All reports and images are available electronically. Please tick below for your additional requests. Referral Pads Required

REPORTS Urgent Results Fax Download Phone Film Copy reports to: _____

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

WHERE TO FIND US



-  58 Bowral Road
Mittagong NSW 2575
-  (02) 9011 5937
-  info@mittagongmedicalimaging.com.au
-  mittagongmedicalimaging.com.au
- Monday to Friday 8.00am - 5.00pm
Closed weekends and public holidays

PATIENT PREPARATION

- X-RAY:** No appointment or preparation required.
- CT:** You will receive instructions before your appointment.
- ULTRASOUND ABDOMEN:** Fast for 8 hours, nothing to eat, drink, chew or smoke prior to appointment. Small sips of water and medication allowed.
- ULTRASOUND PELVIS/KUB & OBSTETRIC:** Must present with full bladder, we suggest drinking 1L of water to be completed 1 hour prior to appointment time. Further instructions to be provided.

SERVICES

- **General X-Ray**
- **CT (low dose)**
- **Ultrasound**
 - General
 - Obstetrics / Gynaecology
 - Musculoskeletal
 - Vascular
 - Doppler

Appointment Date: _____

Appointment Time: _____

Preparation: _____

Your doctor has recommended you use Mittagong Medical Imaging. You may choose another provider but please discuss this with your doctor first.