

REQUEST FOR DIAGNOSTIC IMAGING



APPOINTMENT TIME:

DATE: / / TIME: _____

Name:

Date of Birth:

Address:

Telephone:

REFERRAL/REQUEST(S) FOR:

CLINICAL DETAILS:

REFERRING DOCTORS DETAILS:

COPIES TO: _____

DATE: _____

DOCTOR'S SIGNATURE: _____

PROVIDER NUMBER: _____

EMAIL: _____

CT SCANNING

If diabetic, does treatment contain Metformin?: Yes / No

What is current renal function?: _____

Date of renal function: _____

MRI

Important: Does the following relate to your patient?:

History of welding, grinding or sheet metal work: Yes / No

Cardiac pacemaker: Yes / No

Brain aneurysm clip: Yes / No

Cochlear implant: Yes / No

GP MRI REBATABLE SCANS

Patients under sixteen (16) years of age

HEAD

- Unexplained seizures
- Unexplained headache where significant pathology is suspected
- Paranasal sinus pathology

ELBOW

- Where a significant fracture or avulsion injury is suspected

HIP

- Suspected septic arthritis
- Suspected slipped capital femoral epiphysis
- Suspected Perthes disease

SPINE

- Significant trauma
- Unexplained neck or back pain with associated neurological signs
- Unexplained back pain where significant pathology is suspected

WRIST

- Where scaphoid fracture is suspected

KNEE

- For internal joint derangement

Patients sixteen (16) years and older

HEAD

- Unexplained seizure(s)
- Unexplained chronic headache with suspected intracranial pathology

SPINE

- Suspected cervical radiculopathy
- Cervical spine trauma

KNEE

- Following acute knee trauma:
- Inability to extend knee suggesting the possibility of acute meniscal tear
 - Clinical findings suggesting acute anterior cruciate ligament tear

Location

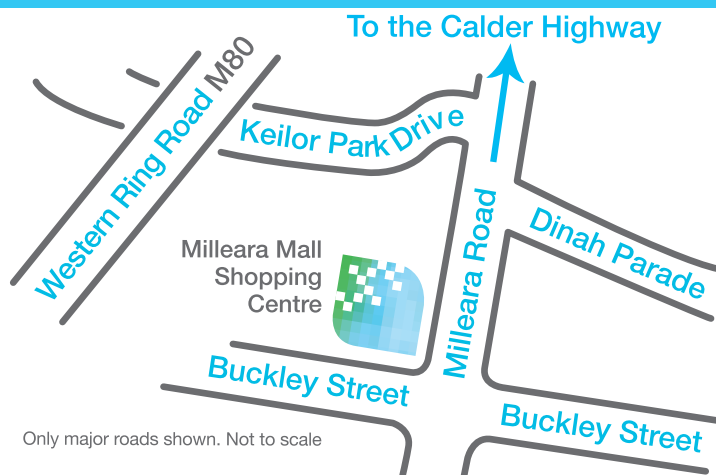
www.diagnosticare.com.au

Monday - Friday 8:30am - 6:00pm

Saturday 8:30am - 1:00pm

Suite 46, Level 1
Milleara Mall Shopping Centre
235 Milleara Road
East Keilor, Victoria 3033

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F (03) 9337 8277
E info@diagnosticare.com.au



Patient Preparation Instructions

Please arrive before your appointment time.

Please bring your referral and any previous films you may have for the body part being scanned.

Special Patient Instructions

Additional instructions apply to the tests / procedures listed below for general adult patients.

Patients should continue to take regular medications unless otherwise instructed.

CT-SCAN	PREPARATION
Head / Brain	<ul style="list-style-type: none">• Nothing to eat or drink for 4 hours prior to scan• Please contact reception for further instructions• Please advise receptionist if you take Diabetic Medication
Chest	
Abdomen / Pelvis	
Renal	
Angiography Cardiac	

INTERVENTIONAL	PREPARATION
Injections, Biopsy, Spinal Injections	<ul style="list-style-type: none">• Certain medications may need to be stopped.• Please contact reception for advice.

ULTRASOUND	PREPARATION
Female Pelvic Early Pregnancy (Less than 12 weeks) Male Pelvic & Prostate Renal	<ul style="list-style-type: none">• Empty bladder 1 hour prior to scan and then drink one litre (approx 4 glasses) of water.• Arrive with comfortably full bladder.
Upper Abdominal Renal Artery Doppler	<ul style="list-style-type: none">• Nothing to eat or drink for 6 hours prior to scan

BREAST-IMAGING	PREPARATION
Mammography & Breast Ultrasound	<ul style="list-style-type: none">• Please bring previous mammography &/or ultrasound films & reports to your appointment.

MRI	PREPARATION
All MRI Scans	<ul style="list-style-type: none">• Please arrive 30 minutes prior to your given appointment time.• You will be required to fill-in an MRI safety-check form - if needed please bring reading glasses or an interpreter.• Please advise reception if you have had brain or heart surgery (eg. aneurysm clips or pacemakers), any surgery where implants have been inserted or metal fragments in your eyes (eg. metal shavings or grindings from sheet metal work / welding).