

**Appointment Details**

Appointment Time \_\_\_\_\_ Date \_\_\_\_\_  
 Branch \_\_\_\_\_  
 Address \_\_\_\_\_ Medical Director Referral \_\_\_\_\_

**Patient Details**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone (H) \_\_\_\_\_  
 Telephone (W) \_\_\_\_\_  
 Medicare Number \_\_\_\_\_

**Request For**

**Clinical Details**

**CREATININE** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Referring Doctor Details**

**Patient Category**

**Results**

- |                                   |                                   |   |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Priv     | <input type="checkbox"/> Vet/Aff  | <input type="checkbox"/> Tel Report (No )                   |
| <input type="checkbox"/> W/C      | <input type="checkbox"/> Veh.Acc  | <input type="checkbox"/> Films & Report Return With Patient |
| <input type="checkbox"/> Pens/HCC | <input type="checkbox"/> Pub/Liab | <input type="checkbox"/> Fax Report (No )                   |
| No .....                          |                                   | <b>Copies To</b>  |

**Doctor Signature** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tear here

To order more radiology referral forms call 08 8256 9000 or visit [www.radiologyclinics.com.au](http://www.radiologyclinics.com.au)

**Administration**

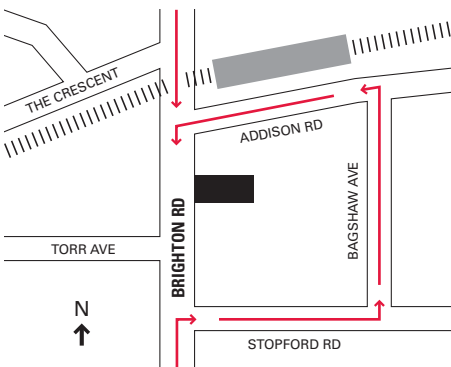
133 Frost Rd, Salisbury South, SA 5106  
**Tel** (08) 8256 9000 **Fax** (08) 8256 9072

**Email** [info@radiologyclinics.com.au](mailto:info@radiologyclinics.com.au)

**Website** [www.radiologyclinics.com.au](http://www.radiologyclinics.com.au)

Directory of Services	X-ray	Ultrasound	Multislice CT	OPG	Steroid Injections & Biopsies
<input type="checkbox"/> <b>Salisbury Centre</b> 133 Frost Road, Salisbury South, SA 5106 8.30am – 5.00pm, Mon – Fri Ph: 8256 9000 Fax: 8256 9072	✓	✓	✓	✓	✓
<input type="checkbox"/> <b>Hawthorn Centre</b> 80 Belair Road, Hawthorn, SA 5062 8.30am – 5.00pm, Mon – Fri Ph: 8408 0000 Fax: 8408 0097	✓	✓	✓	✓	✓
<input type="checkbox"/> <b>Brighton Centre</b> 394 Brighton Road, Brighton, SA 5048 8.30am – 5.00pm, Mon – Fri Ph: 8296 7288 Fax: 8296 7244	✓	✓	✓	✓	✓

**Location - Brighton Centre**



If travelling from the South on Brighton Road, there is **NO RIGHT TURN into Addison Road.** Please turn right at Stopford Road and drive around the block.  
 If travelling from the North, we are located 20 metres South of the railway crossing.

**Patient Preparation**

**NOTE:** When you are required to fast for an examination, you may still take your usual medications with a sip of water.

- |  |  |
|--|--|
| <b>Ultrasound Scan of Pelvis, Pregnancy or Kidneys</b> | - You need to have a full bladder. Drink 1 litre of water-based fluids finishing at least 1 hour before your appointment. Do not empty your bladder. |
| <b>Ultrasound of Gall Bladder or Upper Abdomen</b>     | - Nothing to eat or drink for 6 hours before appointment.  |
| <b>CT Scan of Abdomen or Pelvis</b>                    | - Nothing to eat for 4 hours before appointment.   |
| <b>CT Scan of Head, Neck, Spine or Chest</b>           | - No preparation required.   |