

Appointment Details

Appointment Time _____ Date _____
Branch _____
Address _____

Patient Details

Name _____ Date of Birth _____
Address _____ Telephone _____
Medicare Number _____

Request For

Clinical Details

| | | | | | | | |
|-----------------------------------|-----------------|-------------------|--------------|-------------|-------------|----------|----------|
| HARD COPY IMAGES REQUIRED? | Yes / No | CREATININE | RANGE | EGFR | DATE | / | / |
|-----------------------------------|-----------------|-------------------|--------------|-------------|-------------|----------|----------|

Referring Doctor Details

Results

Copies To

DO NOT SEND TO MY HEALTH RECORD

- Tel Report (No)
 Films & Report Return With Patient
 Fax Report (No)

Doctor Signature _____

Date _____ / _____ / _____

To order more radiology referral forms call 08 8256 9000 or visit www.radiologyclinics.com.au

Administration

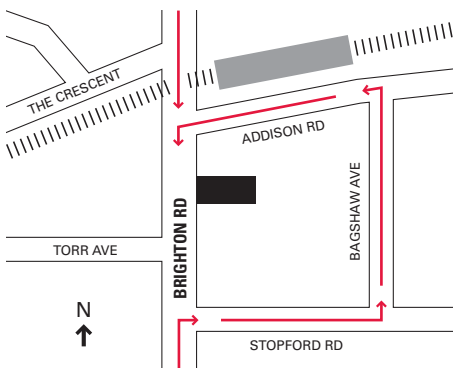
133 Frost Rd, Salisbury South SA 5106
Tel (08) 8256 9000 Fax (08) 8256 9072

Email info@radiologyclinics.com.au
Website www.radiologyclinics.com.au

Directory of Services

| | | | X-ray | Ultrasound | Multislice CT | OPG | Steroid Injections & Biopsies |
|--------------------------|--|--|-------|------------|---------------|-----|-------------------------------|
| <input type="checkbox"/> | Salisbury Centre 133 Frost Road, Salisbury South SA 5106 | 8.30am – 5.00pm, Mon – Fri Ph: 8256 9000 Fax: 8256 9072 | ✓ | ✓ | ✓ | | ✓ |
| <input type="checkbox"/> | Brighton Centre 394 Brighton Road, Hove 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.

- Ultrasound Scan of Pelvis, Pregnancy or Kidneys** - You need to have a full bladder. Drink 600ml of water finishing at least 1 hour before your appointment. Do not empty your bladder.
- Ultrasound of Gall Bladder or Upper Abdomen** - Nothing to eat or drink for 6 hours before appointment.
- CT Scan of Abdomen, Pelvis, Head, Neck & Chest** - Nothing to eat for 4 hours before appointment. You can continue to drink water as required.
- CT Scan of Spine & Sinuses** - No preparation required.