

App. Details

Appointment Time

Date

Branch

Address

Patient Details

Name

Date of Birth

Address

Telephone No (H)

Telephone No (B)

Concession No.

Medicare No.

Examination

Imaging Modality

Area/Site for Imaging

Clinical Details

Creatinine.....µmols/L eGFR.....mL/min Date:
for CT IV contrast patients

Referrer

Doctor's Name

Provider No.

Results

Films & Report return with patient

Fax Report (No.)

Copies to:

Phone Report To

Doctor Signature

Date

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

Administration

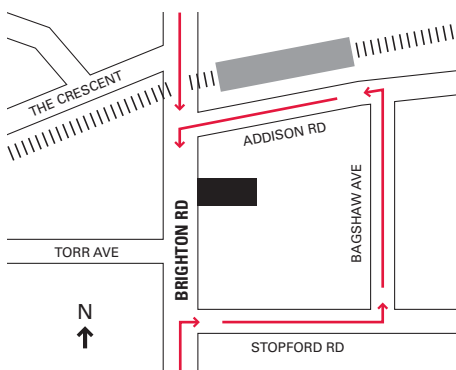
133 Frost Rd, Salisbury South SA 5106
Tel (08) 8256 9000 Fax (08) 8256 9072

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 Ph: 8256 9000 Fax: 8256 9072	✓	✓	✓		✓
<input type="checkbox"/>	Brighton Centre 394 Brighton Road, Hove SA 5048 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.