07 5436 0888

For appointments call



1	Patient Name			services, clinic locations, and contact information		
PATIENT	Address		Medicare Specif	fic Clinical Indications		
	DOB		ULTRASOUN	D		
	Medicare/DVA No.		Shoulder Ultras			
	☐ This is a WorkCover Claim		muscle/tendor	-		
	Examination Requested		(biceps, subscainfraspinatus); Capsulitis and Evaluation of I	mass including ganglion		
			Knee Ultrasour			
NOIL	If contrast is required, recent eGFR					
			MRI - GP REFE	RRED		
			Patients 16 years a Additional codes a	and older available for <16 yrs		
Ž	Clinical Details		MRI Head			
EXAN			Unexplained s Chronic heada intracranial par	ache with suspected		
			MRI - Knee - U	-		
			Acute meniscal tear  Acute anterior cruciate ligament tear			
			MRI Cervical Sp  Trauma Radiculopathy			
REFERRER  C 34 C 3				OFFICE USE ONLY  3 Patient ID Check Procedure & Consent Site & Side		
	Referred By			Pregnancy Excluded		
ERRER	Contact Details			Returning to Dr today		
REFE	Provider Number					
	Сору То					
	Signature	Date				

# For appointments call **07 5436 0888** or visit **www.xrayimaging.com.au**

		-Ray	Scal	Jltraso	ocal	Injectio	U	Je D	_	Vuclear
LOCATION	ADDRESS	×	$\Box$	Ŧ,	Echoca	Inje	9	Bone	$\frac{\Sigma}{\Xi}$	Ž
Beerwah	72 Simpson St, Beerwah QLD 4519	✓	<b>√</b>	✓			<b>√</b>			
Caloundra	67 Bowman Rd, Caloundra QLD 455 I	<b>V</b>	✓	<b>√</b>	✓	✓	✓	✓	✓	<b>✓</b>
Coolum	5 Birtwill St, Coolum Beach QLD 4573	<b>V</b>	✓	<b>√</b>	✓	<b>√</b>	✓	✓		
Cooroy	46 Maple St, Cooroy QLD 4563	✓	✓	<b>√</b>	✓	✓	✓	✓		
Kawana	3/7 Nicklin Way, Minyama QLD 4575	<b>V</b>	<b>√</b>	<b>√</b>		<b>√</b>	✓			
Maroochydore	49 Baden Powell St, Maroochydore QLD 4558	✓	✓	<b>√</b>	✓	<b>√</b>	<b>√</b>	✓	✓	<b>✓</b>

# **PREPARATIONS**

#### CT

# Angiogram

Fast 2 hours prior to examination and be well hydrated. No need to hold bladder.

# Neck, Chest, Abdomen, Pelvis & Renal

Fast 2 hours prior to examination.

Drink 2 glasses of water 1 hour prior to appointment, then one glass every 15 minutes until appointment. No need to hold bladder, but please avoid emptying bladder 20 minutes prior to scan.

# CT Guided Intervention

Up-to-date preliminary imaging on area is required prior to procedure. You will require a driver to drive you home following procedure.

# All Other CT Examinations

If preparation is required, this will be advised to you at time of scheduling the appointment.

#### **ULTRASOUND**

#### Upper Abdominal

Fast 6 hours prior to examination.

#### Abdominal Arterial

Fast 12 hours prior to examination.

# Leg Arterial/Veins

Please be well hydrated.

# Early Pregnancy

Empty bladder 90 minutes prior to examination. Over the following 30 minutes, drink 500mls of water and hold.

# **Nuchal Translucency**

Empty bladder 90 minutes prior to examination. Over the following 30 minutes drink 500mls of water and hold. Please have blood test performed 3 days prior to the appointment. Best performed between 12+4 and 13+6 weeks gestation.

# Pelvic & Renal

Empty bladder 90 minutes prior to examination. Over the following 30 minutes, drink 1L of water and hold.

# Morphology

Please be well hydrated. No need to hold bladder. Best performed between 20 and 22 weeks gestation.

## Ultrasound Guided Intervention

Up-to-date preliminary imaging of area is required prior to the procedure.

# All Other Ultrasound Examinations

If preparation is required, this will be advised to you at time of scheduling the appointment.

#### CARDIAC

# CT Calcium Scoring

No stimulants (caffeine, chocolate, alcohol, or energy drinks) to be consumed 12 hours prior to examination. No exercise or cigarettes on the day of examination.

### Echocardiogram

Please do not apply any body lotion or sunscreen to your chest before the appointment. For your comfort we recommend you wear two-piece clothing.

# Myocardial Perfusion Study

No stimulants (caffeine, chocolate, alcohol, or energy drinks) to be consumed within the 24 hours leading up to examination. Fast 4 hours prior to examination. Wear a comfortable, loose-fitting shirt (not a dress), as well as joggers and no underwire bra if possible.

### MRI & NUCLEAR MEDICINE

All referrals for MRI or Nuclear Medicine examinations are required to be emailed or faxed to the relevant department. Once received, our booking consultants will phone you to arrange an appointment and advise of any preparation instructions.

# **EMAIL REFERRALS TO**

MRI EXAMINATIONS

mri@xrayimaging.com.au

## **NUCLEAR MEDICINE EXAMINATIONS**

nucmed@xrayimaging.com.au

# ALL OTHER EXAMINATIONS

bookings@xrayimaging.com.au

Bulk Billing available for selected Medicare eligible services.

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