



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mobile: \_\_\_\_\_

Medicare No: \_\_\_\_\_

**CLINICAL DETAILS**

**REFERRER DETAILS**

**DOCTOR'S SIGNATURE:** \_\_\_\_\_

Contrast Allergy  Y  N Pregnant  Y  N LNMP \_\_\_\_\_ Metformin  Y  N  
Renal Impairment  Y  N Creatinine \_\_\_\_\_ eGFR \_\_\_\_\_ Date \_\_\_\_\_

**PERSONAL HISTORY:**

- Diabetes
- Hypertension
- Tobacco
- EtOH
- Previous Ca

**BILLING:**

- Private
- HCC/Pension
- Vet Affairs
- WorkCover

**COPIES TO:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**For MRI:**  X-ray Orbits  Skull  CXR  AXR  
Pacemaker?  Y  N Cochlear Implant?  Y  N  
Aneurysm Clip?  Y  N

**Request for specialist radiologist investigation, opinion, treatment and/or management of a condition or problem of a patient.**

**Request for performance of a specific examination(s) or test(s) discussed with Radiologist.**

**ULTRA LOW DOSE SPECTRAL CT**

- CT Scan
- CT Scan w/ MSK injection
- CT Angio
- CT Pulmonary Angio
- CT Calcium Score Scan
- CT Coronary Angiography (CTCA)
- CT Densitometry / BMD

**CT CONE BEAM**

- Cone Beam CT
- Lateral Ceph
- PA Ceph
- Skull (inc. X-ray skull, TMJs, paranasal sinuses and airway)
- Skull and cervical spine to C6 including X-ray skull, TMJs, paranasal sinuses and airway, cranial base and cervical spine to C6. Head in natural position

**CT GUIDED – PAIN MANAGEMENT**

- Facet joint injection
- Nerve root sleeve injection
- Epidural  
Level \_\_\_\_\_  L  R
- Autologous blood injection

**QUANTITATIVE 3T MRI**

*calibrated by... BEN KENNEDY*

- MRI
- MRI nerves
- MRI vessels
- Full body MRI for cancer screening
- MRCP
- MRI liver
- Cardiac MRI
- MRI prostate
- MRI bowel
- MRI rectum

**ULTRASOUND**

- General, Musculoskeletal and Vascular
- Pregnancy
- Nuchal Translucency test
- MSK/Bursa +/- injection after assessment by Radiologist
- PRP/Blood Patch

**X-Ray** (no bookings required)

- Plain or General Xray
- OPG/Lat Ceph

**Full Cardiac Assessment**

- Echo, CTCA, MRI w/Cardiologist review

**BODY PART**

- Head
- Neck
- Shoulder - Clavicle  L  R
- Spine \_Cervical Thoracic Lumbar
- Chest / Ribs  L  R
- Abdomen
- Pelvis - Hip joint  L  R
- Upper arm  L  R
- Elbow  L  R
- Forearm  L  R
- Wrist  L  R
- Hand  L  R
- Fingers  L  R
- Thigh  L  R
- Knee  L  R
- Lower Leg  L  R
- Ankle  L  R
- Foot  L  R
- Toe  L  R

**We can also assess your risk of osteoporosis and heart attack with your SPECTRAL CT, with NO ADDITIONAL RADIATION. Please ask when making your booking.**



Your doctor has recommended that you use **Mermaid Beach Radiology** clinic. You may choose another provider but please discuss this with your doctor first.

**PREPARATION FOR AN EXAMINATION**

Unless otherwise advised, please continue to take your medications as usual. If you are diabetic, please advise us at the time of booking as fasting may be required for an examination.

**CT ULTRA LOW DOSE SPECTRA**

**Neck, Chest, Abdomen, Pelvis, Angiogram & Intravenous Cholangiogram (IVC)**

Fast for 4 hours prior to the examination.

For CT Abdomen & Pelvis, drink 1 litre of water (4 cups) 30 minutes before the examination.

**Other CT Examinations:** No preparation unless otherwise instructed.

**ULTRASOUND**

**Abdomen**

Nothing to eat or drink for 6 hours.

**Doppler Aorta & Renal**

Fast for 8 hours.

**Other Ultrasound Examinations**

No preparation unless otherwise instructed.

**Pelvis, Renal & 1st Trimester Pregnancy**

Empty bladder one hour before the examination and immediately drink 1 litre of water (4 cups) within 1 hour of the examination and **do not empty bladder. Bladder must be full for this examination.**

**CONE BEAM**

No preparation required

**DIGITAL X-RAY** **no bookings required**

No preparation required

**3T MRI SCAN**

Please confirm when making booking.

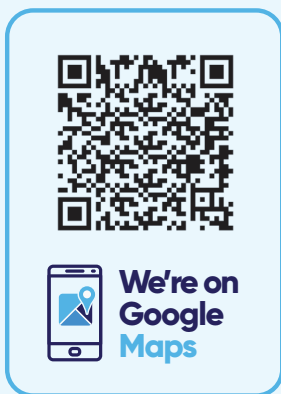
**WE ACCEPT ALL RADIOLOGY REFERRALS**



- X-RAY**
- ULTRASOUND**
- INJECTIONS**
- BIOPSIES**

- REMEMBER TO BRING TO YOUR APPOINTMENT:**
- Your Radiology Referral
  - Medicare Card
  - Concession/ OVA card(s)
  - WorkCover Claim Number/ Approval Letter
  - Any previous scans

Please confirm how long prior to your booked appointment you will be required to arrive. If having an injection, please enquire if a driver is required.



Mermaid Beach