SUNBURY RADIOLOGY

MRI | Low Dose CT | Ultrasound | Digital X-Ray | Intervention | OPG

Unit 4/38-40 Gap Road, Sunbury, Victoria, 3429
Tel: 03 9744 6151 | Email: admin@sunburyradiology.com.au
Fax: 03 9740 9397 | Web: www.sunburyradiology.com.au

REFERRAL AND/OR REQUEST(S) FOR DIAGNOSTIC IMAGING

ALL APPOINTMENTS – PHONE: 03 9744 6151

Time of appointment: _____

Date: ____ / ____ / ____

Name:

Address:

Date of Birth:

Phone (H):

Medicare No.:

EXAMINATION REQUESTED

CLINICAL DETAILS

REFERRER DETAILS

COPY TO:

ELECTRONIC STORAGE OF IMAGES INDEFINITELY

Doctor's Signature: _____ Date: _____

ALERTS

Contrast Allergy ☐ Y ☐ N Pregnant ☐ Y ☐ N LNMP_____

Renal impairment ☐ Y ☐ N Creatinine_____ eGFR_____ Date_____

Metformin ☐ Y ☐ N CT Calcium Score_____

MORE REFERRAL PADS

☐ A4 loose sheets

☐ A5

☐ MRI +/- Orbits +/- Skull +/- Chest X-Ray

AVAILABLE AT NIDDRIE:
312A Keilor Road, Essendon North, VIC 3041 Tel: 9379 5222

IMPORTANT:
Indicate whether the following applies to your patient: (please circle)

History of welding, grinding, sheet metal work	YES / NO
Cardiac pacemaker	YES / NO
Brain aneurysm clip	YES / NO
Cochlear implant	YES / NO

BILLING:

☐ Private
☐ HCC/Pension
☐ VetAffairs
☐ WorkCover
☐ TAC

REPORT:

☐ URGENT
☐ Return with Patient
☐ Post
☐ Fax
☐ Email

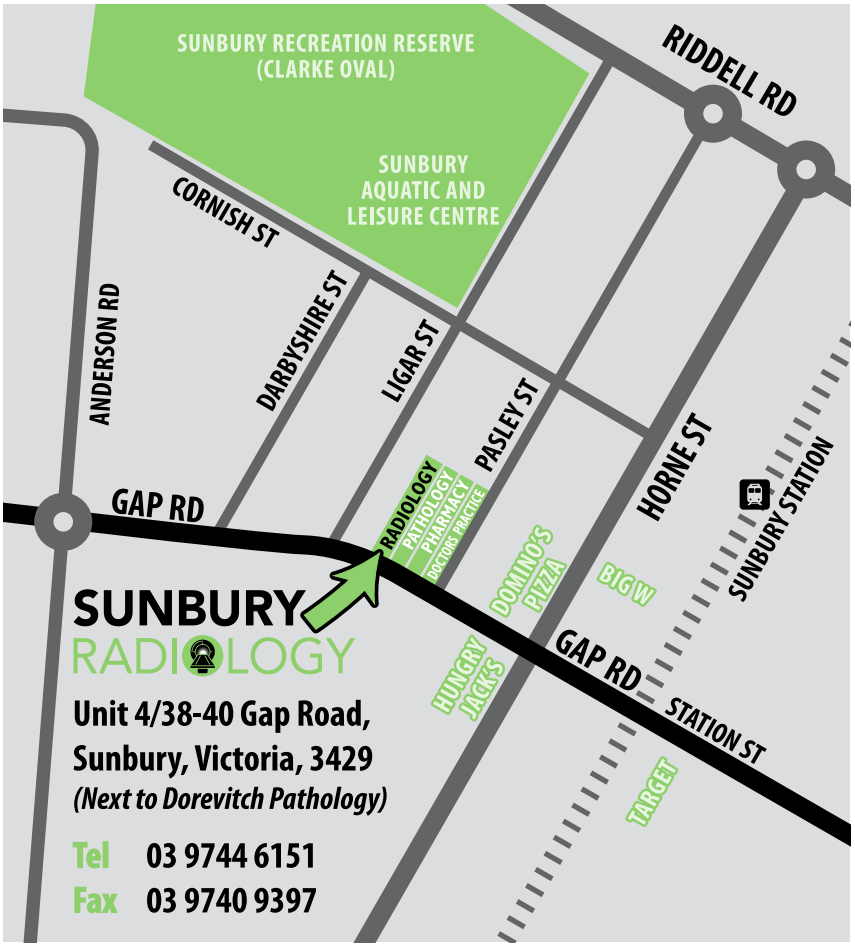
IMAGES:

☐ CD* ☐ Film
☐ Online access

☐ **Bulk Bill to Medicare**

The consulting radiologist, in exercising due care and skill, may conduct a patient consultation as deemed necessary. The radiologist will engage with the referrer to consider any further diagnostic imaging requirements that may result from the consultation.

We accept all radiology referrals



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This form needs to be presented at the time of your appointment. Please bring your Medicare, DVA or concession card and any previous scans with you. TAC or WorkCover claim numbers/approval letters will be required.

PREPARATION FOR AN EXAMINATION

CT SCAN

Neck, Chest, Abdomen, Pelvis & Angiogram
Fast for 4 hours prior to 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 6 hours

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 these examinations.

Other Ultrasound Examinations
No preparation unless otherwise instructed.

FibroScan – Shear Wave Liver Scan
No Fasting

DIGITAL X-RAY

No preparation required

Your practitioner has recommended that you use Sunbury Radiology. You may choose another provider but please discuss this with your practitioner first.

MRI PROCEDURES

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Tel: 9379 5222

Please arrive 30 minutes prior to your given appointment. You will be required to fill in a MRI safety check form and if needed please bring reading glasses or an interpreter if needed. For your comfort, you can bring your own music in the form of a CD. Also, wear cotton clothing without any metal, buttons, zips or belts. All jewellery must be removed.

Practice Hours:

Monday	9.00 am – 5.00 pm
Tuesday	9.00 am – 5.00 pm
Wednesday	9.00 am – 5.00 pm
Thursday	9.00 am – 5.00 pm
Friday	9.00 am – 5.00 pm
Saturday	9.00 am – 1.00 pm
Sunday	Closed

WE BULK BILL