

**GVHealth****MEDICAL
IMAGING**

Graham Street, Shepparton

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Nuclear Medicine Ph: (03) 5823 0300 Fax: (03) 5823 0399

Appointment

Time _____

Date ____/____/____

Patient Details

Full Name _____

Address _____

DOB _____

Sex _____

Medicare No. _____

Phone (M) _____

(H) _____

Examination Required

- ☐ X-Ray
☐ Ultrasound
☐ C.T. Scan (State eGFR if known below)
☐ OPG
☐ Fluoroscopy
☐ Biopsy/Drainage (Please complete pathology request)
☐ MRI (Complete MRI safety checklist below)
☐ Nuclear Medicine (Provided by Shepparton Nuclear Medicine - Keystone Radiology)

Please indicate current renal function.

eGFR _____ Date ____/____/____

Contrast given: (stick label here)

Referring Doctor

Name _____

Address _____

Provider No. _____

Phone _____

Referring Doctor's Signature

_____ Date _____

Copies to _____**Clinical Details**
MRI SAFETY
– ANSWERS ARE MANDATORY

Has the patient now or ever had:	Yes/No
An implanted pacemaker / pacing wire or defibrillator?	☐ / ☐
A cerebral aneurysm clip?	☐ / ☐
A cochlear or stapes implant?	☐ / ☐
Any metallic foreign bodies in the eyes?	☐ / ☐
Any metallic implants?	☐ / ☐
Is the patient pregnant or breastfeeding?	☐ / ☐
Surgery in the last 6 months?	☐ / ☐
Other implants?	☐ / ☐

PATIENT PREPARATION**GENERAL XRAY - none required****OBSTETRIC ULTRASOUND**

Arrive with a comfortably full bladder (approx. 3 glasses 1 hour prior to examination).

RENAL & LOWER ABDOMEN, PELVIS ULTRASOUND

Drink 4 glasses of water (1 litre) within 20 minutes at least 1½ hours prior to appointment and hold until after examination.

*Children: Please ring department for instructions***UPPER ABDOMEN ULTRASOUND**

Nothing to eat or drink for 6 hours prior to the examination.

CT SCAN / NUCLEAR MEDICINE / MRI

Specific instructions will be given at time of making appointment.

BARIUM SWALLOW/MEAL/FOLLOW THROUGH

Nothing to eat or drink for 6 hours prior to the examination.

USE ONLY

Protocol: _____

Radiologist Signature: _____

CSO:

- ☐ Personal information consent to obtain/forward
☐ Correct patient
☐ Correct procedure
☐ Correct side & site

MIT:

- ☐ Correct patient
☐ Correct procedure
☐ Correct side & site
 Pregnant: ☐ Y ☐ N