

APPOINTMENT DETAILS

Arrival Time

Branch

Date

PLEASE BRING THIS REQUEST FORM AND RELEVANT PREVIOUS FILMS AT TIME OF EXAMINATION REFERRAL AND/OR REQUEST(S) TO THE DOCTORS OF SOUTH COAST RADIOLOGY

PATIENT DETAILS

Name : Address :

Medicare No. :

INVESTIGATIONS REQUIRED

Phone No. : Date of Birth :

CLINICAL NOTES

REFERRING DOCTOR DETAILS

Doctor : Address : Provider No. : Phone No. :

COPY OF REPORT TO

REFERRING DOCTOR SIGNATURE

REFERRAL DATE

(Doctor's Name, Provider Number and Date are a legal requirement) Thank you for choosing South Coast Radiology

ADDITIONAL CLINICAL INFORMATION

For patients who may require intravenous contrast (CT & MRI) and the patient is over 70 years old, or has suspected or known renal impairment please supply the serum levels within previous:

South Coast Radiology is committed to reducing the environmental impact of our business. All results are available electronically unless otherwise requested.

Please Tick if you Require Printed Films.

• 3 months for stable out-patient • 7 days for stable in-patient

Date of test: ___/

For Appointments Phone 1 300 197 297

E: bookings@scr.com.au

PATIENT PREPARATION

The following are for adult studies. For children, or for patients who you may feel may not cope with the particular preparation, please contact our staff. For any particular diagnostic or clinical problem, please consult one of our radiologists.

If you have a history of significant allergic responses, asthma or diabetes, please tell our reception staff when making your appointment. Medication (to reduce the small risk of an allergic reaction), may be required, which can be picked up from our offices. This will be organised on an individual basis.

X-RAY EXAMINATIONS

BARIUM MEAL / SWALLOW / SMALL BOWEL STUDY / BARIUM ENEMA: Please discuss at time of booking

MAMMOGRAPHY

Please do not use talcum powder or deodorant on day of the examination. A two piece outfit is preferable.

ULTRASOUND

ABDOMEN: Fast for 6 hours. Please do not smoke during this period. Take normal medications with a sip of water. (Note - no milk or soft drinks please). RENAL: Bladder must be full at appointment time. Drink one litre of clear fluid/cordial finishing 1 hour prior to the appointment time. Do not empty your bladder

PELVIS: Bladder must be full at appointment time. Drink one litre of clear fluid/cordial finishing 1 hour prior to the appointment time. Do not empty vour bladder.

OBSTETRIC ULTRASOUND: A full bladder will be required. Empty bladder one hour prior to the appointment. Drink 500mls – 1 litre of clear fluid over the next half hour.

BREAST, THYROID ULTRASOUND, DUPLEX CAROTID, LEG VEINS, PENILE **DOPPLER:** No preparation required

RENAL ARTERIES, ABDOMINAL AORTA DOPPLER: Please fast for 12 hours prior to the examination, with no smoking during this time.

CT CORONARY ANGIOGRAPHY

Please contact South Coast Radiology Pindara on 5597 0677 or John Flynn on 5598 0400

MAGNETIC RESONANCE IMAGING

Please inform our receptionist if you have a pacemaker, intracranial aneurysm clip, or inner ear implant, when making your appointment. Please gain preparation instructions at the time of booking.

NUCLEAR MEDICINE – SPECT CT

Please contact South Coast Radiology on 5610 4777.

PET CT

Please contact South Coast Radiology on 5610 4777.

LIVER BIOPSY, UNDER ULTRASOUND OR CT

Clear fluids only for four hours prior to the examination. Note that you will need to stay in our department for approximately four hours after the procedure.

BONE MINERAL DENSITY

No preparation required. A two piece outfit is preferable.

CT SCANNING

ABDOMEN, PELVIS, CHEST, HEAD:

- No food for 4 hours

- Drink 1 glass of water every 15 mins from am/pm (approx 1.5 litres) You may go to the toilet.

LUMBAR SPINE, SINUSES: No preparation is required.

EOS

Please contact South Coast Radiology Smith Street. Phone 5610 4320.

FOR APPOINTMENTS Phone: 1300 197 297 Email: bookings@scr.com.au PRACTICE LOCATIONS	X-RAY	ULTRASOUND	OBSTETRIC ULTRASOUND	4D PREGNANCY ULTRASOUND	MAMMOGRAPHY	CT SCAN	CT ANGIOGRAPHY	CT CORONARY ANGIOGRAPHY	CALCIUM SCORE	MRI	NUCLEAR MEDICINE	PET CT	FLUOROSCOPY	BONE DENSITOMETRY	INTERVENTIONAL	STEREOTACTIC BREAST PROCEDURES	DENTAL	ICAT	ECHO CARDIOGRAPHY	EOS
JOHN FLYNN HOSPITAL Inland Drive, Tugun Ph: (07) 5598 0400 Fax: (07) 5598 0157	~	~	~			~	~	~	~	~	~	~	~		~				~	
PINDARA PRIVATE HOSPITAL Inpatient and Emergency Department services only	~	~				~	~	~		~	~		~		~					
BURLEIGH WATERS Medical on Burleigh Unit 7 A, 197 – 207 Reedy Creek Road Ph: (07) 5619 3560 Fax: (07) 5619 3536	~	~	~			~	~		~					~	~		~			
BENOWA also open Saturday 8:30am - 12:30pm, early and after hours MRI appointments 179 Ashmore Road, Level 1 Ph: (07) 5616 8930 Fax: (07) 5616 8939	~	~	~			~	~	~	~	~	~				~					
HOPE ISLAND 8 Halcyon Way, Hope Island Ph: (07) 5655 4004 Fax: (07) 5655 4044	~	V	~		~	~	~								~		~			
SOUTHPORT GOLD COAST SURGERY CENTRE 103-113 Nerang Street, Ground Floor Ph: (07) 5591 8366 Fax: (07) 5591 6825	~	~	~			~	~			~		~			V		~		~	
SOUTHPORT PREMION PLACE Cnr Queen & High Streets, Level 6 Ph: (07) 5564 0851 Fax: (07) 5503 0947	~	V	V	V	~	~	~							~	~	~		~		
RUNAWAY BAY Cnr Oxley and Lae Drives Ph: (07) 5537 6566 Fax: (07) 5537 9406	~	V	V			~	~		~					V	~		V			
MIAMI Medical on Miami Ground Floor, 2125 Gold Coast Highway Ph: (07) 5562 0188 Fax: (07) 5562 1866	~	~	V	V		~	~							V	V		~		~	
ROBINA HQ Building 58 Riverwalk Avenue Ph: (07) 5580 9900 Fax: (07) 5580 9911	~	V	V		~	~	~			~				~	~	~	~			
PALM BEACH 24 Palm Beach Avenue Ph: (07) 5598 3388 Fax: (07) 5534 3720	~	~	V			~	~							~	V		~			
TWEED HEADS Tweed Day Surgery and Specialist Centre 38 Boyd Street Ph: (07) 5536 6511 Fax: (07) 5599 1235	~	~	V		~	~	V							V	~		~		~	
OXENFORD also open Saturday 8am - 12pm 1st Floor, 2 Leo Graham Way Ph: (07) 5529 9199 Fax: (07) 5580 6200	~	~	~			~	~								V		~			
SMITH STREET 151 Smith Street, Southport Ph: (07) 5610 4320 Fax: (07) 5610 4304	~	~	~			~	~			~					~					~
THE WOMEN'S IMAGING CENTRE Premion Place Southport, Level 6 Cnr Queen & High Streets Ph: (07) 5564 0851 Fax: (07) 5503 0947	~	~	~	~	~	~	~							~	~	~		~		