



APPOINTMENT DETAILS

Arrival Time _____ Date _____

Branch _____

IMPORTANT MEDICARE ADVICE
Your referrer has recommended you use South Coast Radiology. You may choose another provider, but please discuss this with your referrer first.

**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

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:

• 3 months for stable out-patient • 7 days for stable in-patient _____ Date of test: ____/____/____



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 your bladder.

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

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

RENAL ARTERIES: Please fast for 12 hours prior to the examination, with no smoking or chewing gum during this time.

ABDOMINAL AORTA DOPPLER: Please fast for 6 hours prior to the examination, with no smoking or chewing gum during this time.

CT CORONARY ANGIOGRAPHY

For detailed preparation information, please contact our Booking Centre on 1300 197 297.

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

For detailed preparation information, please contact our Booking Centre on 1300 197 297.

PET CT

For detailed preparation information, please contact our Booking Centre on 1300 197 297.

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 2 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.

| SCAN TO REQUEST AN APPOINTMENT  | ULTRASOUND | X-RAY | CT SCAN | MRI | CT ANGIOGRAPHY | INTERVENTIONAL | OBSTETRIC ULTRASOUND | DENTAL / OPG | CALCIUM SCORE | BONE DENSITOMETRY | MAMMOGRAPHY | CT CORONARY ANGIOGRAPHY | NUCLEAR MEDICINE | ECHO CARDIOGRAPHY | PET CT | FLUOROSCOPY | STEREOTACTIC BREAST PROCEDURES | 4D PREGNANCY ULTRASOUND | ICAT | EOS |
|---|--|-------|---------|-----|----------------|----------------|----------------------|--------------|---------------|-------------------|-------------|-------------------------|------------------|-------------------|--------|-------------|--------------------------------|-------------------------|------|-----|
| | BENOWA Level 1, 179 Ashmore Road, Benowa Ph: (07) 5616 8930 Fax: (07) 5616 8939 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | | ✓ | ✓ | ✓ | | | | | |
| BURLEIGH Unit 7 A, 197 – 207 Reedy Creek Road Ph: (07) 5619 3560 Fax: (07) 5619 3536 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | ✓ | | | | | | |
| HOPE ISLAND 8 Halcyon Way, Hope Island Ph: (07) 5655 4004 Fax: (07) 5655 4044 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ | | | | | | | | | | |
| JOHN FLYNN HOSPITAL Inland Drive, Tugun Ph: (07) 5598 0400 Fax: (07) 5598 0157 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | | | ✓ | ✓ | | ✓ | ✓ | | | | |
| MIAMI Ground Floor, 2125 Gold Coast Highway Ph: (07) 5562 0188 Fax: (07) 5562 1866 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | ✓ | | |
| OXENFORD Level 1, 2 Leo Graham Way, Oxenford Ph: (07) 5529 9199 Fax: (07) 5580 6200 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| PALM BEACH 24 Palm Beach Avenue, Palm Beach Ph: (07) 5598 3388 Fax: (07) 5534 3720 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | | ✓ | | | | | | | | | | |
| PIMPAMA 7 Attenborough Blvd, Pimpama Ph: (07) 5616 6370 Fax: (07) 5616 6379 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | ✓ | | | | | | | |
| PINDARA PRIVATE HOSPITAL Inpatient and Emergency Department Services Only | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | ✓ | ✓ | | | ✓ | | | | |
| ROBINA HQ Building 58, Riverwalk Avenue, Robina Ph: (07) 5580 9900 Fax: (07) 5580 9911 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | | | | | | | ✓ | | |
| RUNAWAY BAY Cnr Oxley and Lae Drives, Runaway Bay Ph: (07) 5537 6566 Fax: (07) 5537 9406 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | |
| SMITH STREET SPINE CENTRE BUILDING 151 Smith Street, Southport Ph: (07) 5610 4320 Fax: (07) 5610 4304 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ | | | | | | | ✓ | ✓ |
| SMITH STREET NUCLEAR MEDICINE Ground Floor, 147 Smith Street, Southport Ph: (07) 5610 4777 Fax: (07) 5648 0433 | | | | | | | | | | | | | | | ✓ | | | | | |
| TWEED HEADS 38 Boyd Street, Tweed Heads Ph: (07) 5536 6511 Fax: (07) 5599 1235 | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | | ✓ | ✓ | | | ✓ | | | | | | |
| THE WOMEN'S IMAGING CENTRE Level 1, 147 Smith Street, Southport Ph: (07) 5564 0851 Fax: (07) 5503 0947 | ✓ | | | | | ✓ | | | | | ✓ | | | | | | | ✓ | | |