

PATIENT

Patient Details

Name _____

Address _____

Contact Numbers _____

Date of Birth _____ Medicare No _____

Examination Requested

<input type="checkbox"/> Digital X-Ray	<input type="checkbox"/> Low Dose CT Scan	<input type="checkbox"/> Cardiac CT Angiography	<input type="checkbox"/> 3D Mammography
<input type="checkbox"/> Ultrasound	<input type="checkbox"/> OPG / Lat Ceph (please circle)	<input type="checkbox"/> DEXA Bone Densitometry	<input type="checkbox"/> Obstetric Imaging 3D/4D
<input type="checkbox"/> Doppler	<input type="checkbox"/> Biopsies	<input type="checkbox"/> Pain Management Injections	<input type="checkbox"/> Gynaecological Ultrasound
<input type="checkbox"/> Paediatric Radiology	<input type="checkbox"/> MSK Ultrasound & Injections	<input type="checkbox"/> MRI	

EXAMINATION

Examination Requested / Clinical History

Pathology Results & Allergies

Contrast allergy No Yes

Renal Compromise No Yes

Pregnant No Yes

Metformin No Yes

Creatinine _____

eGFR _____ Date _____

REFERRER

Referred By

Name _____ Provider No _____

Address _____

Telephone _____ Facsimile _____

Signature _____ Date _____

Report Delivery Fax Electronic Delivery

Films Return with Patient Electronic Delivery

Referral Pad Re-order A5 (manual) A4 (for printer)

Image eAccess: <https://img.oranparkradiology.com.au>

PATIENT

I, _____ hereby give permission to **Oran Park Radiology** to release my report/s & images from this examination to medical practitioners / hospitals & in cases of workers compensation, the insurance company for reference & continuation of care as required.

Patient / Guardian Signature: _____ Date: _____

- Dr Behnam Moharami

MBBS FRANZCR Radiologist
- Dr John Pereira

MBBS (Hons) BSc (Med) FRANZCR Paediatric Radiologist
- Dr Arnold Kang

MBBS FRANZCR DABR DABNM Radiologist
- Dr Aruna Morusupalli

MBBS FRANZCR Radiologist
- Dr Glenn McNally

MBBS FRANZCOG FRCOG DDU COGU Obstetrician & Gynaecologist

Appointment Date	Time
Preparation Notes	

Please bring your request form & any previous films to your appointment.

If you have any queries regarding your examination or are unable to keep this appointment please call reception on 4604 5550.

PATIENT PREPARATION

X-Ray & Dental Imaging

- A basic X-ray does not require any special preparation. Metal objects such as watches, keys & jewellery may need to be removed.

Ultrasound (Abdomen)

- Nothing to eat, drink, smoke & no chewing gum for 8 hours before the test. Under 6yrs old, no preparation required. Medication & sips of water allowed.

Ultrasound (Renal, Pelvis, Obstetrics)

- Empty your bladder 1½ hours prior to your appointment. Then drink 1 litre of water in the next ½ hour - do not empty your bladder until after your ultrasound.
- Children under 6yrs old, drink 2 glasses of water 30 minutes before ultrasound & hold.

3D Mammography

- You will need to wear a two piece outfit (top with trousers or skirt) so you can remove your top for the mammogram.
- Shower the morning of your appointment & do not apply any deodorants, antiperspirants, powders, lotions, creams or perfumes. Metallic particles in these products could be visible on your mammogram & cause confusion.

CT Scan

Abdomen & pelvis (liver, pancreas, adrenal glands, spleen, bowl, kidneys, bladder):

- Nothing to eat for 4 hours prior to appointment
- Arrive 1 hour prior to appointment to drink oral contrast solution (necessary for coating/highlighting the stomach & bowel)

Brain/head, soft tissue neck, chest & KUB (kidney, ureters & bladder):

- Nothing to eat for 4 hours prior to appointment

Angiogram:

- Nothing to eat for 4 hours prior to appointment

Spine & extremities:

- No preparation

If you are diabetic please advise staff at the time of booking.



Ground Floor Suite G01, 90 Podium Way,
Oran Park NSW 2570

P 02 4604 5550
F 02 4604 5552
E info@oranparkradiology.com.au

Note: Your Doctor has recommended you use **Oran Park Radiology**. You may choose another provider but please discuss with your doctor first.