ALLIED HEALTH IMAGING REQUEST

ORAN PARK RADIOLOGY

PATIENT DETAILS

Name* DOB*

Address*

Contact Number*

Medicare Number

☐ Workers Comp

☐ Third Party

EXAMINATION REQUESTED

FULL MEDICARE REBATE
Requested by Podiatrist

- ☐ X-Ray Foot L / R
- ☐ X-Ray Ankle L / R
- ☐ X-Ray Knee L / R
- ☐ X-Ray Lower Leg L / R
- ☐ US Mid/Forefoot L / R
- ☐ US Ankle/Hindfoot L / R
- ☐ US of Mass

FULL MEDICARE REBATE
Requested by Osteo & Physio

- ☐ X-Ray Cervical Spine
- ☐ X-Ray Thoracic Spine
- ☐ X-Ray Lumbar Spine
- ☐ X-Ray Sacrococcygeal
- ☐ X-Ray Hip
- ☐ X-Ray Pelvis

REDUCED MEDICARE REBATE
Requested by all Allied Health

- ☐ X-Ray Region (Other):
- ☐ Ultrasound Region:
- ☐ MRI (No Rebate)
- ☐ Other Examination:

AREA TO BE EXAMINED & CLINICAL NOTES

☐ Allergies ☐ Urgent Pregnant: ☐ YES ☐ NO

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name* Speciality*

Address* Provider Number*

Contact Number* Fax Number:

*Must be completed

Signature* Date*

All reports and images are available electronically. Please tick below for your additional requests. ☐ Referral Pads Required

REPORTS ☐ Urgent Results ☐ Fax ☐ Download ☐ Phone ☐ Film ☐ Copy reports to:

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

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PATIENT PREPARATION

- [ ] **X-RAY/OPG:** No appointment or preparation required.
- [ ] **CT:** You will receive instructions before your appointment.
- [ ] **ULTRASOUND ABDOMEN:** Fast for 8 hours, nothing to eat, drink, chew or smoke prior to appointment. Small sips of water and medication allowed.
- [ ] **ULTRASOUND PELVIS/KUB & OBSTETRIC:** Must present with full bladder, we suggest drinking 1L of water to be completed 1 hour prior to appointment time. Further instructions to be provided.
- [ ] **MAMMOGRAPHY:** Do not wear perfume, deodorant or powder before your exam. A two-piece outfit is preferred, as you will need to remove everything from the waist up.
- [ ] **MRI:** As advised by booking clerk.

Appointment Date: **Appointment Time:**

Preparation Notes:

Scan to request an appointment online

	X-Ray	Ultrasound	Bone Density Study (BMD)	Mammography	Dental/OPG	CT	MRI	CT Calcium Scoring & Cardiac Angiography	Interventional Radiology & Pain Management	Euflexxa Injections
Oran Park Radiology	■	■	■	■	■	■	■	■	■	■
Bankstown Lidcombe Medical Imaging	■	■		■	■	■	■	■	■	■
Shire Medical Imaging	■	■	■	■	■	■	■	■	■	■

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

ORAN PARK RADIOLOGY

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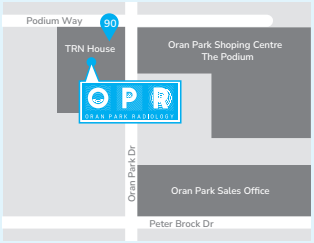

SHIRE MEDICAL IMAGING

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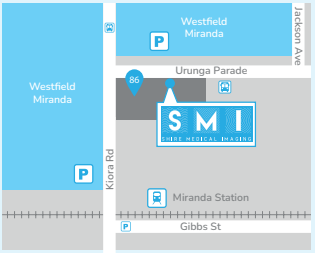

Free 3 hour parking at Westfield Miranda

BANKSTOWN LIDCOMBE MEDICAL IMAGING

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