IMAGING / CONSULTATION REQUEST

ORAN PARK RADIOLOGY

PATIENT DETAILS

EXAMINATION REQUIRED

REASON FOR REFERRAL, CLINICAL NOTES

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Signature*

Date*

FOR OFFICE USE ONLY

PRE-EXAMINATION CHECK

I confirm that prior to this examination the following processes were completed:

- ☐ Patient ID & Procedure Matching Process
- ☐ Informed Consent Obtained

Staff Initial

Date

FOR ALL EXAMINATIONS USING RADIATION

PREGNANT? Yes ☐ No ☐

If yes, I confirm that Radiologist consent was obtained with approval to proceed Yes ☐ No ☐

PREVIOUS FOR COMPARISON

Previous of same area Yes ☐ No ☐

Date of previous

OPR Yes ☐ No ☐

Other Yes ☐ No ☐

Where

Report Attached Yes ☐ No ☐

Returning to Referrer

Date

All reports and images are available electronically (via InteleRad and/or downloads). Please tick below for your additional requests

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.

☐ *Referrals Forms Required*

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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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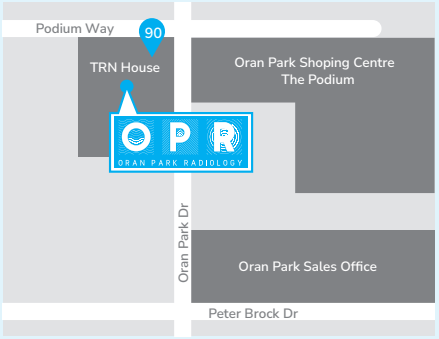

SHIRE MEDICAL IMAGING

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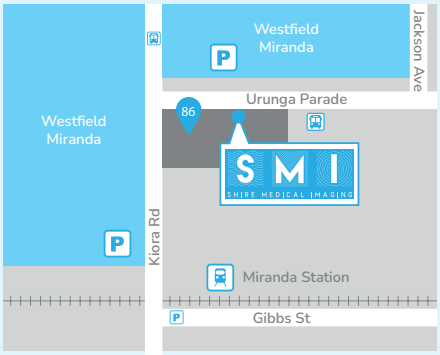

Free 3 hour parking at Westfield Miranda

BANKSTOWN LIDCOMBE MEDICAL IMAGING

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