



IMAGING REQUEST

Patient Details

Name:

Date Of Birth:

Address:

Telephone:

Med. No.

REQUEST FOR:

CLINICAL NOTES:

REFERRING DOCTOR'S DETAILS:

RESULTS:

COPIES TO:

DOCTOR'S SIGNATURE:

DATE:

For female patients
is there any chance
the patient may
be pregnant?

Yes No

The consulting radiologist, in exercising due care and skill, may conduct a patient consultation as deemed necessary. The radiologist will engage with the referrer to consider any further diagnostic imaging requirements that may result from the consultation. You are free to choose your imaging provider.

CLINIC LOCATIONS

SERVICES

ULTRASOUND
LOW DOSE CT SCAN
ALL X-RAYS
DEXA (Bone Densitometry)

VICTORIA DIAGNOSTIC IMAGING PREPERATION GUIDELINE

- Pelvis/Renal/Obstetric Ultrasound**
Moderately full bladder required. Drink 4 large glasses of water 1 hour before the exam
- ABDOMINAL Ultrasound**
Fast for 8 hours prior to examination
No food/drink/smoking/chewing gum
May take any medication with a sip of water
- CT Scan (Abdomen)**
Fast for 8 hours prior to examination
- X-RAY**
Remove all jewellery/piercing

CARRUM DOWNS
6A/115 Hall Rd, Carrum Downs
VIC-3201
PH: (03) 9087 3944
FAX: (03) 9960 0950
E: info@vicimaging.com.au

OPENING HOURS
MON-FRI 8:30AM - 5:30PM
SAT 8:30AM - 1:30PM



HAMPTON PARK
20 Enterprise Ave, Hampton Park
VIC-3976
PH: (03) 9125 6621
FAX: (03) 9960 0950
E: info@vicimaging.com.au

OPENING HOURS
MON-FRI 9:00AM - 5:00PM
SAT 9:00AM - 1:00PM



CT SCANNING

Is patient on Metformin?

Y N

What is current renal function?

Date of renal function test

/ /

Your doctor has recommended to use Victoria Diagnostic Imaging. You may choose another provider but please discuss with your doctor first.