

**APPOINTMENT DETAILS**

DATE: ...../...../.....

TIME: ..... AM/PM

**PATIENT DETAILS**

**EXAMINATION REQUESTED**

**CLINICAL NOTES**

**REFERRING DOCTOR**

PROVIDER NUMBER:

DATE:

SIGNATURE:

COPY TO:

**OFFICE USE ONLY**

**TIME OUT CHECK**

VERBAL CONSENT GIVEN

PROCEDURE: .....

JUSTIFIED AND APPROVED BY: .....

DATE: .....

1. Correct patient

2. Correct exam

3. Correct side

4. Pregnant? Y / N

**EXAMINATION**

- X-RAY
- OPG
- ULTRASOUND
- CT
- MRI
- NUCLEAR MEDICINE
- INTERVENTIONAL PROCEDURE

Please indicate current renal function:

eGFR .....

**MRI INFORMATION**

**IMPORTANT**

Indicate whether the following applies to your patient:

History of welding, grinding, sheet metal work?

Yes  No

An implanted pacemaker/ pacing wire or defibrillator?

Yes  No

Brain aneurysm clip?

Yes  No

Cochlear or stapes implant?

Yes  No

Any metallic implants?

Yes  No

Claustrophobic?

Yes  No

Is the patient pregnant or breastfeeding?

Yes  No

**PLEASE TURN OVER FOR PATIENT PREPARATION INSTRUCTIONS AND CLINIC LOCATION**

Your doctor has recommended you see Sovereign Radiology. You may choose another provider but please discuss this with your doctor first.

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- XRAY
- OPG
- CT
- ULTRASOUND
- NUCLEAR MEDICINE
- MRI
- INTERVENTIONAL PROCEDURES

### PATIENT PREPARATION INSTRUCTIONS

**GENERAL X-RAY & OPG:** No prior preparation required. Walk-in-service.

**OBSTETRIC ULTRASOUND (PREGNANCY):** A full bladder is required. Empty bladder 1.5 hours before appointment time, then drink 500 ml of water within the next 30 minutes. Do not empty bladder before appointment time. Obstetric ultrasounds later than 22 weeks do not require a full bladder.

**ABDOMINAL ULTRASOUND:** Nothing to eat or drink 6 hours prior to appointment time. You may have sips of water if required. No smoking or chewing gum during fasting period.

**PELVIC & RENAL ULTRASOUND:** A full bladder is required. Empty bladder 1.5 hours before appointment time, then drink 1 litre of water within the next 30 minutes. Do not empty bladder before appointment time.

**CT SCAN/NUCLEAR MEDICINE/MRI:** Specific instructions will be given at the time of making appointment.

**\*\*PLEASE BRING THIS REQUEST FORM AND YOUR  
MEDICARE CARD TO YOUR APPOINTMENT**

