



"A proudly Ballarat owned and operated clinic"

APPOINTMENT DETAILS

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

TIME: AM/PM

PATIENT NAME	SEX	DATE OF BIRTH	APPROVED BY
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PATIENT ADDRESS	POSTCODE	EXAMINATION:	TEL HOME / MOBILE
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MEDICARE CARD NUMBER

TEST REQUIRED

CLINICAL NOTES

X-RAY

OPG

DEXA

ULTRASOUND

ECHOCARDIOGRAPHY

CT

MRI

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 staples implant? Yes No

Claustrophobic? Yes No

Is the patient pregnant or breastfeeding? Yes No

REFERRING DOCTOR

NAME PROVIDER NUMBER

ADDRESS

PHONE NUMBER

REFERRING DOCTOR'S SIGNATURE AND DATE

X X

COPIES TO

Wendouree Clinic

1017 Howitt Street, Wendouree 3355

T: 4333 0333

F: 5303 0218

W: www.sovereignradiology.com.au

E: info@sovereignradiology.com.au

OPENING HOURS: Mon to Fri 8.30am to 5.30pm

Sebastopol Clinic

Ground Floor 49-51 Albert Street, Sebastopol 3356

T: 4333 0355

F: 9957 0366

W: www.sovereignradiology.com.au

E: sebas@sovereignradiology.com.au

PATIENT PREPARATION INSTRUCTIONS

GENERAL X-RAY & OPG:

No prior preparation.
Walk-in-service

DEXA:

No prior preparation.
Appointment preferred

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/MRI:

Specific instructions will be given at the time of making appointment.

Please bring this request form and your Medicare card to the appointment

LOCATION	X-RAY	OPG	DEXA	US	ECHO	CT	MRI	IR
Wendouree Clinic	✓	✓	✗	✓	✓	✓	✓	✓
Sebastopol Clinic	✓	✓	✓	✓	✗	✓	✗	✓



IR = Interventional Radiology & Pain Management

