

DATE:

TIME: AM/PM

“A proudly Ballarat owned and operated clinic”

PATIENT NAME		SEX	DATE OF BIRTH	YOUR REFERENCE
PATIENT ADDRESS		POST CODE	TEL (HOME)	TEL (BUS/MOBILE)
MEDICARE CARD NUMBER			EXAMINATION REQUIRED <input type="checkbox"/> X-RAY <input type="checkbox"/> OPG <input type="checkbox"/> DEXA <input type="checkbox"/> ULTRASOUND <input type="checkbox"/> ECHOCARDIOGRAPHY <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> INTERVENTIONAL PROCEDURE	
TEST REQUIRED				
CLINICAL NOTES			Please indicate current renal function. eGFR: Date:/...../.....	

REFERRING DOCTOR		REFERRING DOCTOR'S SIGNATURE AND DATE	
NAME	PROVIDER NUMBER	X	X
ADDRESS			
PHONE NUMBER		COPIES TO	

Please circle if applicable: DVA / WC / TAC

Weight: kg | Height: cm

Your doctor has recommended you undergo your diagnostic imaging exam at Sovereign Radiology. You may choose another provider but please discuss this with your doctor first.

MRI GENERAL PRACTITIONER MEDICARE BULK BILLED EXAMINATIONS

ADULT – 16 years and OVER *Please fax or email MRI referral*

HEAD	<input type="checkbox"/> Unexplained chronic headaches with suspected intracranial pathology	<input type="checkbox"/> Unexplained seizure
CERVICAL SPINE	<input type="checkbox"/> Suspected cervical radiculopathy	<input type="checkbox"/> Suspected cervical spine trauma
KNEE (Under 50yrs old)	<input type="checkbox"/> Following acute trauma, with inability to extend the knee suggesting the possibility of acute meniscal tear	

CHILD – 15 years and UNDER *Please fax or email MRI referral*

HEAD	<input type="checkbox"/> Headache with suspected significant pathology	<input type="checkbox"/> Unexplained seizures
	<input type="checkbox"/> Paranasal sinus pathology which has not responded to conservative treatment.	
SPINE (following X-Ray)	<input type="checkbox"/> Significant trauma, unexplained neck or back pain with associated neurological signs or suspected significant pathology.	
KNEE	<input type="checkbox"/> Suspected internal joint derangement.	
HIP (following X-Ray)	<input type="checkbox"/> Suspected septic arthritis, slipped capital femoral epiphysis or suspected Perthes Disease.	
ELBOW (following X-Ray)	<input type="checkbox"/> Suspected significant fracture or avulsion injury.	
WRIST (following X-Ray)	<input type="checkbox"/> Suspected scaphoid fracture.	

MRI SAFETY – ANSWERS ARE MANDATORY

HAS THE PATIENT NOW OR EVER HAD:	YES / NO	HAS THE PATIENT NOW OR EVER HAD:	YES / NO
An implanted pacemaker, pacing wire, defibrillator or monitor?	<input type="checkbox"/> / <input type="checkbox"/>	Any metallic foreign bodies in the eyes?	<input type="checkbox"/> / <input type="checkbox"/>
		Any metallic implants?	<input type="checkbox"/> / <input type="checkbox"/>
A cerebral aneurysm clip?	<input type="checkbox"/> / <input type="checkbox"/>	Is the patient pregnant or breastfeeding?	<input type="checkbox"/> / <input type="checkbox"/>
A cochlear or stapes implant?	<input type="checkbox"/> / <input type="checkbox"/>	Claustrophobic?	<input type="checkbox"/> / <input type="checkbox"/>

Wendouree Clinic

1017 Howitt Street, Wendouree 3355
T: 4333 0333
F: 5303 0218
W: www.sovereignradiology.com.au
E: info@sovereignradiology.com.au

Sebastopol Clinic

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F: 9957 0366
W: www.sovereignradiology.com.au
E: sebas@sovereignradiology.com.au

PATIENT PREPARATION INSTRUCTIONS

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

DEXA: No prior preparation required. 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 YOUR APPOINTMENT**

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



IR = Interventional Radiology & Pain Management

