



**Appointments**  
**T: 02 4363 9300**

### PATIENT DETAILS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_

**Workers Compensation**      **Claim Number** \_\_\_\_\_

### EXAM REQUIRED

#### ULTRA LOW DOSE CT

CT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ULTRASOUND

\_\_\_\_\_  
 Doppler - Venous/Arterial  
 MSK  
 Obstetrics  
 **MAMMOGRAPHY** (Tomosynthesis) +/- Ultrasound

#### INTERVENTIONAL AND PAIN MANAGEMENT

\_\_\_\_\_  
\_\_\_\_\_  
 Image Guided Injections  
 CT Guided Spine Injections  
 Fine Needle Aspirate (FNA)/Core Biopsy

#### X-RAY

\_\_\_\_\_  
\_\_\_\_\_

#### DENTAL

OPG/Lat Ceph

**DEXA**

**Clinical Notes**      **Allergies** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Creatinine Level** \_\_\_\_\_ **eGFR** \_\_\_\_\_

**Films**       **More Request Pads**       **Urgent**

**Bulk Billing**  
For Medicare Eligible Items

### REFERRER DETAILS

Name: _____	Specialty: _____
Address: _____	
Phone: _____	Fax: _____
Signature: _____	Provider No: _____
	Date: _____

## EXAMINATION PREPARATIONS

### X-Ray / Dental Imaging

No appointment necessary.

X-rays do not require any special preparation. Metal objects such as watches, keys, coins and jewellery will show up on the x-ray affecting the images and therefore may need to be removed.

### Ultrasound

If you have been referred for an Ultrasound Scan by your doctor, please contact Bookings on 02 4363 9300 and arrange an appointment.

- For upper abdomen studies (such as liver, spleen, gallbladder and pancreas) do not eat, drink or smoke for 6 hours before your appointment. Continue to take any medication.
- For lower abdomen studies (such as pelvis, pregnancy, kidney and prostate) you must have a full bladder at the time of the appointment.

Empty your bladder 1½ hours before your appointment and then drink 1litre of water, finishing 1 hour before your appointment time. **Do not empty your bladder after this.**

Generally, you will be most comfortable if you wear loose fitting clothing. You will need to remove clothing and jewellery in the area to be examined and will be provided with a gown to wear.

### CT Scan

CT Brain/Neck/Chest/Abdomen/Pelvis

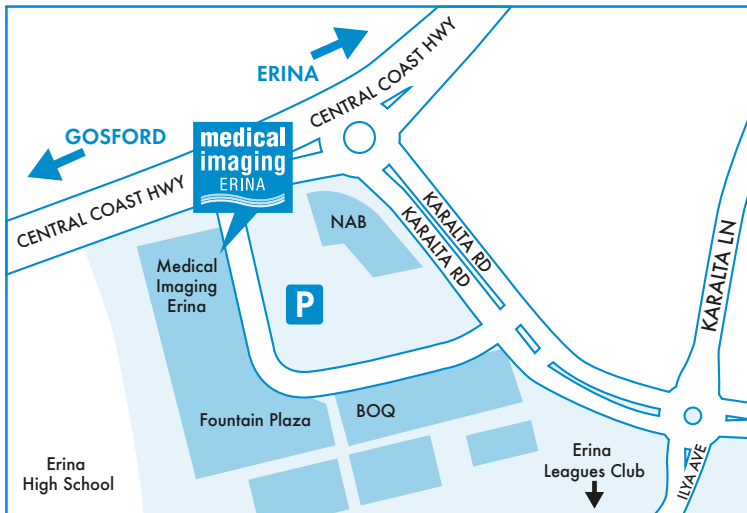
**Nothing to eat 2 hours prior to examination.**

**Please bring all previous films to examination**

**ALL REFERRALS ACCEPTED**

Your doctor has recommended that you use Medical Imaging Erina. You may choose another provider but please discuss this with your doctor first.

**BANKSTOWN**   **BLAXLAND**   **CHESTER HILL**   **ERINA**   **LEICHHARDT**   **MT DRUITT**   **PENRITH**   **SPRINGWOOD**   **ST MARYS**  
 T: 02 8760 9100   T: 02 4702 3655   T: 02 8713 1855   T: 02 4363 9300   T: 02 9569 7223   T: 02 9854 0100   T: 02 4722 4700   T: 02 4702 3661   T: 02 9623 2550



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**OFFICE HOURS**  
 Monday to Friday 8.00am - 5.00pm