

APPOINTMENT DETAILS

Arrival Time _____ Date _____

IMPORTANT MEDICARE ADVICE
Your referrer has recommended you use Darling Downs Radiology. You may choose another provider, but please discuss this with your referrer first.

**PLEASE BRING THIS REQUEST FORM AND RELEVANT PREVIOUS FILMS AT TIME OF EXAMINATION
REFERRAL AND/OR REQUEST(S) TO THE DOCTORS OF DARLING DOWNS RADIOLOGY**

PATIENT DETAILS

Name : _____ Phone No. : _____
Address : _____

Medicare No. : _____

INVESTIGATIONS REQUIRED

CLINICAL NOTES

REFERRING DOCTOR DETAILS

Doctor : _____
Address : _____

Provider No. : _____
Phone No. : _____

COPY OF REPORT TO

REFERRING DOCTOR SIGNATURE

(Optional)

(Doctor's Name, Provider Number and Date are a legal requirement)

REFERRAL DATE :

Thank you for choosing Darling Downs Radiology

ADDITIONAL CLINICAL INFORMATION :



*For patients who may require intravenous contrast (CT & MRI) and the patient is over 70 years old, or has suspected or known renal impairment please supply the serum levels within previous:
• 3 months for stable out-patients • 7 days for stable in-patients.*

Creatinine = _____ ; 3 GFR = _____ Date of test: _____

Darling Downs Radiology is committed to reducing the environmental impact of our business. All results are available electronically unless otherwise requested.

Please Tick if you Require Printed Films.

AVAILABLE SERVICES

Magnetic Resonance Imaging	Nuclear Medicine	Ultrasound	Dental X-ray	Fluoroscopic procedures
Computed Tomography	Mammography	Vascular Ultrasound	Echocardiography	Interventional procedures
CT Angiography	Bone Densitometry	Obstetric Ultrasound	General X-ray	Musculo-skeletal imaging

Dr. D. Homewood • Dr. B. Jack • Dr. G. Ioannou • Dr. N. Hall • Dr. A. Tonakie • Dr. K. Frawley • Dr. G. Bensoussan • Dr. A. Watts • Dr. S. Sojan Dr. Y. M. Tang • Dr. P. Shine • Dr. F. Weilbach • Dr. A. Gaikwad • Dr. A. Walton • Dr. N. Tracey • Dr. R. Al-Zuhairy • Dr. B. Sounness • Dr. B. Danga-Christian Dr. P. Edwin • Dr. M. Beh • Dr. M. Chan • Dr. J. Milne • Dr. R. Khujneri • Dr. R. Thomas • Dr. P. Edwards • Dr. K. Lim • Dr. A. McNamee • Dr. A. Elisay

PATIENT PREPARATION

The following are for adult studies. For children, or for patients who you may feel may not cope with the particular preparation, please contact our staff. For any particular diagnostic or clinical problem, please consult one of our radiologists.

If you have a history of significant allergic responses, asthma or diabetes, please tell our reception staff when making your appointment. Medication (to reduce the small risk of an allergic reaction), may be required, which can be picked up from our offices. This will be organised on an individual basis.

X-RAY EXAMINATIONS

BARIUM MEAL / SWALLOW / SMALL BOWEL STUDY / BARIUM ENEMA:

Please discuss at time of booking.

MAMMOGRAPHY

Please do not use talcum powder or deodorant on day of the examination. A two piece outfit is preferable.

ULTRASOUND

ABDOMEN: Fast for 6 hours. Please do not smoke during this period. Take normal medications with a sip of water. (Note – no milk or soft drinks please).

RENAL: Bladder must be full at appointment time. Drink one litre of clear fluid/cordial finishing 1 hour prior to the appointment time. Do not empty your bladder.

PELVIS: Bladder must be full at appointment time. Drink one litre of clear fluid/cordial finishing 1 hour prior to the appointment time. Do not empty your bladder.

OBSTETRIC ULTRASOUND: A full bladder will be required. Empty bladder one hour prior to the appointment. Drink 500mls – 1 litre of clear fluid over the next half hour.

BREAST, THYROID ULTRASOUND, DUPLEX CAROTID, LEG VEINS, PENILE DOPPLER: No preparation required.

RENAL ARTERIES, ABDOMINAL AORTA DOPPLER: Please fast for 12 hours prior to the examination, with no smoking during this time.

MAGNETIC RESONANCE IMAGING

Please inform our receptionist if you have a pacemaker, aneurysm clip, or inner ear implant, when making your appointment. Any specific preparation instructions will be given at time of booking.

NUCLEAR MEDICINE – SPECT CT

Please contact Darling Downs Radiology for specific preparation.

BONE MINERAL DENSITY

No preparation required. A two piece outfit is preferable.

C.T. SCANNING

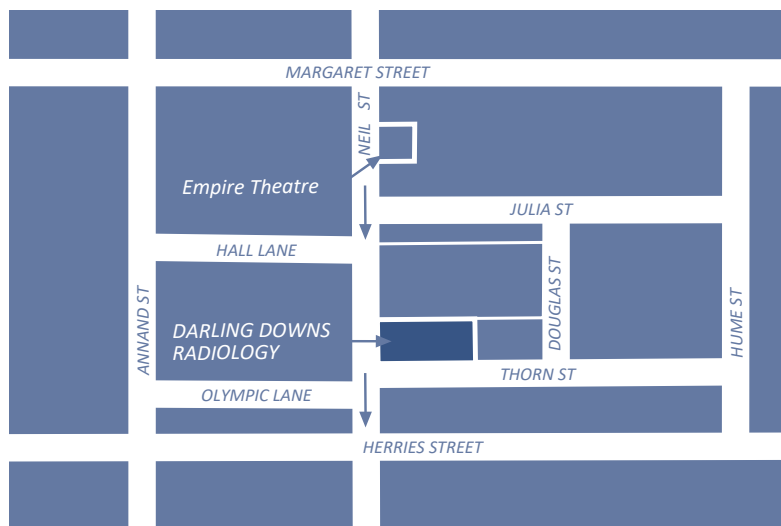
ABDOMEN, PELVIS, CHEST, HEAD:

- No food for 4 hours

-Drink 1 glass of water every 15 mins from am/pm

(approx 1.5 litres) **You may go to the toilet. LUMBAR**

SPINE, SINUSES: No preparation is required.



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Toowoomba 4350

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Fax: (07) 4632 7164

(Free parking available at rear of building)