



APPOINTMENT DETAILS

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

Arrival Time _____ Date _____

6 Heaths Road Mackay | Phone 4942 5222 | Fax 4942 5264

Date:

Phone:

Name:

DOB:

Address:

Medicare No:

PATIENT DETAILS

Examination Required:

EXAMINATION REQUEST

Reason For Investigation:

NOTES

Diabetic? [] Yes [] No

On Metformin? [] Yes [] No

Creatinine = _____

e GFR = _____

Date of test: _____

RESULTS

[] Deliver [] Take Film

[] Phone [] Fax

[] No Films [] Film Required

[] Referral paper required

Practitioner's Name:

Address:

(Optional)

Signature: _____

Copy to: _____

Thank you for choosing Mackay Radiology

REFERRING DOCTOR

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

PLAIN X-RAYS: No preparation required.

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. Empty your bladder 1 hour prior to your appointment, if necessary. Then, drink one litre of clear fluid/cordial 1 hour prior to the appointment time. Do not empty your bladder.

PELVIS: Bladder must be full at appointment time. Empty your bladder 1 hour prior to your appointment, if necessary. Then, drink one litre of clear fluid/cordial 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 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.

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.

MAGNETIC RESONANCE IMAGING

Please inform our receptionist if you have a pacemaker, intracranial aneurysm clip, or inner ear implant, when making your appointment. Please gain preparation instructions at the time of booking.

LIVER BIOPSY, UNDER ULTRASOUND OR CT

Clear fluids only for four hours prior to the examination. Note that you will need to stay in our department for approximately four hours after the procedure.

NUCLEAR MEDICINE – SPECT CT

Please discuss at the time of booking the appointment.

PLEASE TICK EXAMINATION REQUIRED

BONE DENSITOMETRY							
<p>ITEM NUMBER 12306 One service only in a 24 month period</p> <p><input type="checkbox"/> Confirmation of a presumptive diagnosis of low bone mineral density made on the basis of one or more fractures occurring after minimal trauma.</p> <p><input type="checkbox"/> Monitoring of low bone mineral density proven by previous bone densitometry. (Low BMD is present when BMD > 2.5 SD below young normal mean or > 1.5 SD below age matched mean).</p>	<p>ITEM NUMBER 12312 One service only in a 12 month period</p> <p>Diagnosis and monitoring of bone loss associated with one or more of the following conditions.</p> <p><input type="checkbox"/> Current glucocorticoid steroid therapy > 4 months Conditions</p> <p><input type="checkbox"/> associated with excess glucocorticoid secretion Male hypogonadism</p> <p><input type="checkbox"/> Female hypogonadism lasting > 6 months before age 45 years</p> <p><input type="checkbox"/></p>						
<p>ITEM NUMBER 12315 One service only in a 24 month period</p> <p>Diagnosis and monitoring of bone loss associated with one or more of the following.</p> <p><input type="checkbox"/> Primary hyperparathyroidism</p> <p><input type="checkbox"/> Chronic liver disease</p> <p><input type="checkbox"/> Chronic renal disease</p> <p><input type="checkbox"/> Proven malabsorptive disorder Rheumatoid</p> <p><input type="checkbox"/> arthritis</p> <p><input type="checkbox"/> Conditions associated with thyroxine excess</p>	<p style="text-align: center;">CHIROPRACTIC</p> <p>ALL VIEWS TO BE DONE ERECT Please tick () required views</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>C spine</p> <p><input type="checkbox"/> AP</p> <p><input type="checkbox"/> AP (open mouth)</p> <p><input type="checkbox"/> Lateral (neutral)</p> <p><input type="checkbox"/> Lateral (flexion and extension)</p> <p><input type="checkbox"/> Obliques</p> </td> <td style="width: 33%; vertical-align: top;"> <p>L spine/pelvis</p> <p><input type="checkbox"/> AP (35x43)</p> <p><input type="checkbox"/> Lateral (18x43)</p> <p><input type="checkbox"/> Lateral spot L5/S1</p> <p><input type="checkbox"/> Lateral (flexion and extension)</p> <p><input type="checkbox"/> Obliques</p> <p><input type="checkbox"/> S.I. joints</p> </td> <td style="width: 33%; vertical-align: top;"> <p>T. spine</p> <p><input type="checkbox"/> AP (18x43)</p> <p><input type="checkbox"/> Lateral (18x43)</p> </td> <td style="width: 16%; vertical-align: top;"> <p>Right Hip</p> <p><input type="checkbox"/> AP</p> <p><input type="checkbox"/> Oblique</p> </td> <td style="width: 16%; vertical-align: top;"> <p>Left Hip</p> <p><input type="checkbox"/> AP</p> <p><input type="checkbox"/> Oblique</p> </td> <td style="width: 16%; vertical-align: top;"> <p>Sacro-Coccygeal</p> <p><input type="checkbox"/></p> </td> </tr> </table> <p>Other: _____</p>	<p>C spine</p> <p><input type="checkbox"/> AP</p> <p><input type="checkbox"/> AP (open mouth)</p> <p><input type="checkbox"/> Lateral (neutral)</p> <p><input type="checkbox"/> Lateral (flexion and extension)</p> <p><input type="checkbox"/> Obliques</p>	<p>L spine/pelvis</p> <p><input type="checkbox"/> AP (35x43)</p> <p><input type="checkbox"/> Lateral (18x43)</p> <p><input type="checkbox"/> Lateral spot L5/S1</p> <p><input type="checkbox"/> Lateral (flexion and extension)</p> <p><input type="checkbox"/> Obliques</p> <p><input type="checkbox"/> S.I. joints</p>	<p>T. spine</p> <p><input type="checkbox"/> AP (18x43)</p> <p><input type="checkbox"/> Lateral (18x43)</p>	<p>Right Hip</p> <p><input type="checkbox"/> AP</p> <p><input type="checkbox"/> Oblique</p>	<p>Left Hip</p> <p><input type="checkbox"/> AP</p> <p><input type="checkbox"/> Oblique</p>	<p>Sacro-Coccygeal</p> <p><input type="checkbox"/></p>
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<p>ITEM NUMBER 12320 One service only in a period of 5 years</p> <p><input type="checkbox"/> Patient is 70 years or older and not previously had a BMD examination (initial scan)</p> <p><input type="checkbox"/> Patient is 70 years or older with no or mild osteopaenia (T score 0 to -1.5)</p>	<p>ITEM NUMBER 12321 One service only in a 12 month period</p> <p><input type="checkbox"/> Measurement of BMD 12 months following a significant change in therapy for established low bone mineral density. (Change in class of drugs rather than change in dose regime).</p>						
<p>ITEM NUMBER 12322 One service only in a period of 24 consecutive months</p> <p><input type="checkbox"/> Patient is 70 years or older with moderate to marked osteopaenia (T score -1.5 to -2.5).</p>	<p>ROUTINE BMD MEASUREMENT</p> <p><input type="checkbox"/> Includes all other indications. No Medicare Benefit applicable. MR normal fee applies.</p>						

Dr. F. Weillbach • Dr. A. Gaikwad • Dr. D. Homewood • Dr. B. Jack • Dr. G. Ioannou • Dr. R. Mason • 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. 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

For Appointments Phone 1 300 197 297

www.mackayradiology.com.au