



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

PATIENT DETAILS

Date:

Name:

DOB:

Address:

Medicare No:

EXAMINATION REQUEST

Examination required

NOTES

Reason for investigation

REFERRING DOCTOR

Diabetic? [] Yes [] No

On Metformin? [] Yes [] No

Creatinine = _____

e GFR = _____

Date of test: ____ / ____ / ____

Practitioner's Name:

Address:

Signature: _____

Copy to: _____

Thank you for choosing Mackay Radiology

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.

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.

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

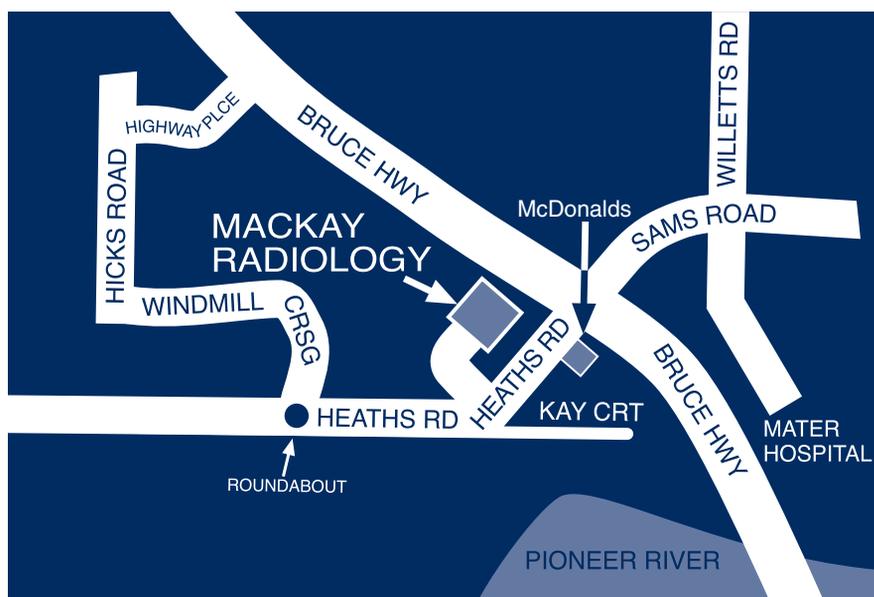
Please inform our receptionist if you have a pacemaker, intracranial aneurysm clip, or inner ear implant, when making your appointment. Please gain preparation instructions at the time of booking.

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.



6 Heaths Road
North Mackay 4740
(In the Harvey Norman Carpark)
Phone: (07) 4942 5222
Fax: (07) 4942 5264