



## BULK-BILLING

\*PARKING ON SITE\*

Multi Languages • Any Referral Accepted

1<sup>st</sup> Floor, 102/39 Queen Street Auburn NSW 2144

Phone: 02 8315 8292

Fax: 02 9188 3850

### OFFICE HOURS

Monday-Friday: 8.30am-5.00pm

## EXAMINATION REQUEST

### Patient Details

Name:

DOB:

Medicare Card:

Address:

Phone:

Sex:

Male

Female

DVA/WC/3rd Party (require prior written approval)

### Procedure Requested

#### X-ray

- General
- Dental - OPG
- Chiro / Physio
- OPG**
- Lateral Ceph**

#### Ultrasound

- General
- MSK
- Vascular
- Obstretic
- FNAB / Core Biopsy
- Ultrasound Breast**

#### CT

- CT Angiography
- CT Interventional
  - Back Injections
  - Joints Injections

Other \_\_\_\_\_

#### Interventional

- Image Guided Biopsy**
- Image Guided Injection**
- Lateral Ceph** (X-ray)
- Fine Needle**
- Core Biopsy**
- Other** \_\_\_\_\_

### Clinical & Scan Details

### Referral Doctor

Name:

Qualification:

Address:

Phone:

Fax:

Date:

Provider No.:

Signature:

Copies To:

### Films & Reporting

To Patient

Fax

Digital

Deliver (please enquire at reception)

## Practice Information



### PATIENT PREPARATIONS (please bring previous x-ray films)

#### ULTRASOUND

- Pregnancy, Pelvis, Lower Abdomen, Kidney and Bladder
- Empty bladder 1 hour prior.
  - It is necessary to drink 1 litre of water 1 hour prior to the scan and refrain from going to the toilet until you are instructed.
- Upper Abdominal Scan (Liver, Gallbladder or Pancreas)
- Nothing to eat or drink for 8 hours prior to the examination
  - No Smoking

#### CT SCAN

- Head, Neck and Chest Scan
- Nothing to eat for 3 hours prior to examination
  - A small amount of water may be taken
- Abdomen and Pelvis
- Nothing to eat or drink for 3 hours.

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