

Office Use:
Appointment date

Time

Patient Details

Imaging Request

Clinical Notes

What is the Radiological question?

Referring Doctor Details

Signature

Pager

Date

- X-ray
- Fluoroscopy
- CT
- Ultrasound
- Mammography (Please provide previous film)
- Nuclear Medicine
- Angiography
- OPG
- MRI (Please refer to the Western Health MRI referral)

eGFR or Creatinine

Allergy to Medication / contrast

YES NO

Specify:

Results

- Report with pt
- Electronic report
- Fax
- Mail copy to:

FOR RADIOGRAPHER USE ONLY

Is there a chance the patient may be pregnant?

YES NO

Date of last LMP

Sign:

Office Use:

Episode No.

Procedure Code

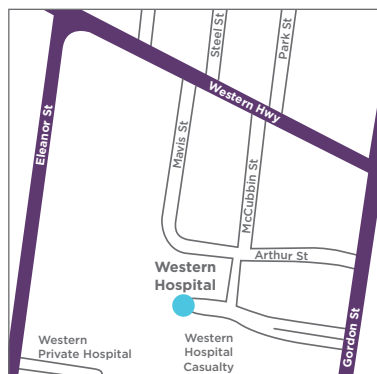
Radiographer

Radiologist

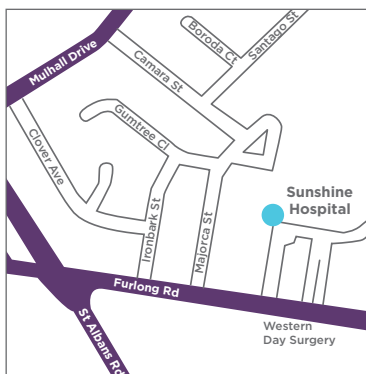


WESTERN HEALTH MEDICAL IMAGING SITES

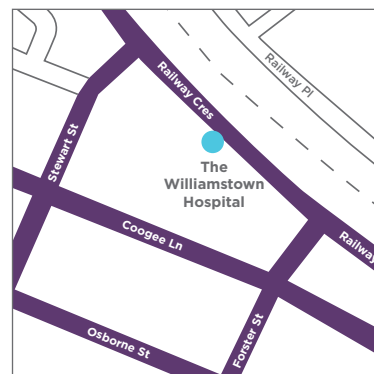
Footscray



Sunshine



Williamstown



Western Hospital
Gordon Street
Footscray

Phone: 03 8345 6234
Fax: 03 8345 6325

Sunshine Hospital
176 Furlong Road
St Albans

Phone: 03 8345 1664
Fax: 03 8345 1665

Williamstown Hospital
Railway Crescent
Williamstown

Phone: 03 9393 0202
Fax: 03 9393 0306

EXAMINATIONS

EXAMINATIONS	Western Hospital	Sunshine Hospital	Williamstown Hospital
Angiography	•		
CT	•	•	•
Fluoroscopy	•	•	•
Mammography	•	•	
MRI	•	•	
Nuclear Medicine	•	•	
OPG	•		
Ultrasound	•	•	•
X-ray	•	•	•

SPECIAL INSTRUCTIONS

CT CHEST, ABDO OR PELVIS

Nothing to eat or drink for 4 hours prior to appointment

MAMMOGRAPHY

Please bring previous mammography or breast Ultrasound films with you

NO Talc or deodorant to be used

ULTRASOUND ABDOMEN

Nothing to eat or drink for 8 hours prior to appointment

ULTRASOUND PELVIS

Arrive with a full bladder

NUCLEAR MEDICINE

Ring for appointment and provide a full list of medications

MRI

Please ring MRI for appointment instructions

FLUOROSCOPY

Please ring Medical Imaging for preparation instructions