

PATIENT DETAILS

Name

Address

D.O.B

Medicare No.

EXAMINATION REQUIRED

REASON FOR INVESTIGATION

REFERRING DOCTOR'S DETAILS

Name

Address

Signature _____ Date _____

Your doctor has recommended that you use Imaging Morayfield.
You may use another provider but please discuss with your doctor first.

APPT:

W/IN:

F/UP:

MEDICAL IMAGING USE

- ☐ Patient ID
- ☐ Procedure & Consent
- ☐ Correct Site & Side
- ☐ Pregnancy Excluded
- ☐ Are you returning to your Doctor today?
- _____ Initials

Address

19/31 Dickson Rd, Morayfield QLD 4506

P | (07) 5293 2525 F | (07) 5293 2535

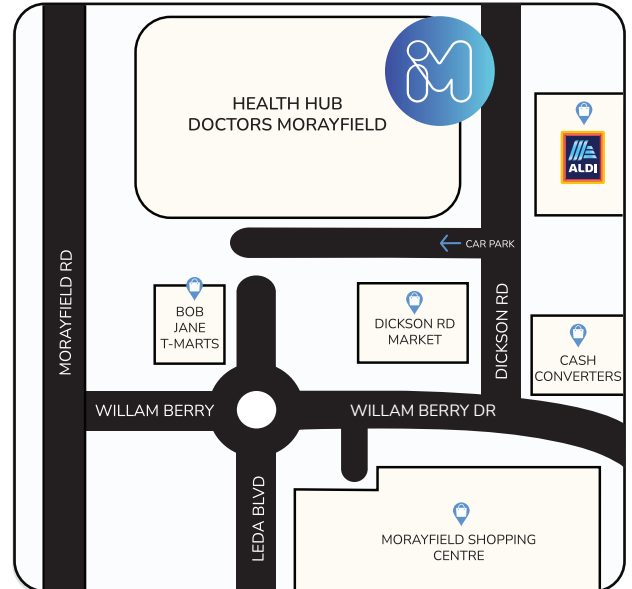
Trading Hours

Mon-Fri | 8:00am - 6:00pm

Sat-Sun | 10:00am - 2:00pm

Examinations

- CT SCANS • INJECTIONS/INTERVENTIONAL
- ECHOCARDIOGRAM • ULTRASOUND
- MAMMOGRAPHY • NUCLEAR MEDICINE
- X-RAY • OPG



Preparations

CT SCAN

Walk-in CT accepted
(excluding injections/interventional)

Head/Brain

Well hydrated. Remove jewellery/piercings.

Neck/Chest/Abdomen/Pelvis/Angiogram

Fast for 4 hours prior to examination.

Drink 1 litre of water during the hour prior to your appointment. No need to hold full bladder.

Renal/KUB/IVP/Urogram

Fast for 4 hours prior to examination.

Drink 1 litre of water during the hour prior to your appointment. Please hold bladder 20 mins prior to appointment.

Other CT procedures

Preparation will be explained when booking is required.

X-RAY | OPG | DEXA (Bone Densitometry)

All walk-ins accepted

Remove jewellery from area of examination.

ULTRASOUND

Pregnancy Scan / Pelvis / Renal

Please drink 1 litre of water 90 mins before your appointment and hold.

A full bladder is required for this scan.

Abdomen/Arterial

Nothing to eat or drink for 6 hours prior to your appointment.

Other Ultrasound Procedures

No preparation unless otherwise instructed.

MAMMOGRAM

Two-piece outfit recommended

No deodorant / perfume / talcum powder / moisturising creams.

INJECTIONS/INTERVENTIONAL PROCEDURES (Ultrasound & CT)

Driver recommended for remainder of day post-procedure.

Up to date imaging on area is required prior to procedure.

Preparation will be explained when making appointment.

ECHOCARDIOGRAM

Two-piece outfit recommended.

Remember to bring

Previous relevant imaging / reports / blood test.

If applicable - Workcover claim number and approval letter.

REMEMBER TO BRING TO YOUR APPOINTMENT

- ☐ This referral
- ☐ Concession / DVA card
- ☐ Previous imaging / Reports / Blood test
- ☐ Medicare card
- ☐ If applicable: Work cover number and approval letter

ALL EXAMINATIONS BULK-BILLED WHERE POSSIBLE.

Potential out-of-pocket expense for Nuchal Translucency/ Bone Densitometry/CT Calcium Scores/Mammograms/ Echocardiograms that do not meet medicare criteria



PH | 13-XRAY
(13 97 29)

imagingmorayfield.com.au