

## PH | 13-XRAY (13 97 29)

## **PATIENT DETAILS**

Name Address D.O.B. PHYSIO/CHIRO/OSTEO REFERRAL

Medicare No.		
EXAMINATION REQUIRED		
X-RAY 🗆		
Cervical Spine	Thoracic Spine	Lumbar Spine/Pelvis
A.P.	A.P.	A.P. (Include full pelvis & ischial tuberosities on 35x43cm)
A.P. Open Mouth	LATERAL	Lateral Neutral
Cervico-Thoracic Junction		Lateral Flexion/Extension
Lateral Neutral	Hips	Obliques
Lateral Flexion/Extension	Left	Pelvis
Obliques	Right	
OTHER ☐		
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REFERRING DOCTOR'S DETAILS		
Name		
Address		
Signature	Date	
Your doctor has recommended that you use Imaging Morayfield.		

## **Address**

19/31 Dickson Rd, Morayfield QLD 4506 PI (07) 5293 2525 FI (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.

## INJECTIONS/INTERVENTIONAL PROCEDURES (Ultrasound & CT)

Driver recommended for remainder of day

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

Preparation will be explained when making appointment.

## MAMMOGRAM

Two-piece outfit recommended No deodorant / perfume / talcum powder / moisturising creams.

#### **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

