

# → Radiology Request

CLICK HERE TO CLEAR FORM



PATIENT DETAILS

Date:			
Name:			
Address:		Telephone:	
Medicare Number:		DOB:	

EXAMINATIONS REQUESTED

CLINICAL INDICATION

**IMPORTANT NOTE:**  
For patients requiring IV contrast who:

- Are over 60 years old;
- Have diabetes; or
- Have known renal dysfunction; or
- Have cardiovascular disease.

We require the patients eGFR and creatinine levels before we can proceed.

SERUM CREATININE LEVEL = \_\_\_\_\_

eGFR = \_\_\_\_\_

\*As per RANZCR guidelines.

Dr Venus Hedayati  
Dr Ahmed Bilal  
Dr Tony Lamont  
Dr Willis Lam  
Dr Cornet Spies  
Dr Robbin Waterhouse

**ALL MRI BOOKINGS**  
Tel: (07) 4041 3188

**TO CONTACT US**  
Tel: (07) 4041 3188  
Fax: (07) 4041 3211  
Email: admin@nqxray.com.au  
[www.nqxray.com.au](http://www.nqxray.com.au)

**OUR LOCATIONS AND HOURS**

• **CAIRNS**  
126 Mulgrave Road, Cairns Q 4870  
  
Monday – Friday: 8am to 6pm  
Saturday: 8am to 1pm  
Sunday: Closed

• **EARLVILLE**  
3/520 Mulgrave Road, Earlville Q 4870  
  
Monday – Friday: 9am to 5pm  
Saturday and Sunday: Closed

• **SMITHFIELD**  
Shop 15, Campus Shopping Village  
Captain Cook Highway  
Smithfield Q 4878  
  
Monday – Friday: 8.30am to 5pm  
Saturday and Sunday: Closed

**Services bulk billed** in accordance with HIC Guidelines

**PATIENTS, PLEASE BRING THIS FORM, YOUR MEDICARE CARD AND ANY RELEVANT PREVIOUS FILMS TO YOUR APPOINTMENT.**

Please see reverse side for Patient Instructions relating to your procedure. We appreciate you have a choice of radiology service provider and thank you for choosing to have your medical imaging with us.

REFERRING DOCTORS DETAILS

Practitioner's Name:	Provider Number:
Address:	Telephone:
	Date:
Insert signature file, or print and sign:	Report to be sent:
	<input type="checkbox"/> Copied to _____
	<input type="checkbox"/> Faxed to _____
Or sign using a Digital ID here:	<input type="checkbox"/> Sent with Patient
	<input type="checkbox"/> Downloaded

**STAFF USE ONLY**

☐ Correct Patient Verified

☐ Correct Procedure, side & site

☐ Correct Patient Data

☐ Health History / Status

☐ Diabetes Metformin treatment

☐ OPV check completed

☐ Patient Consent

Initials: \_\_\_\_\_ / \_\_\_\_\_

## Patient Instructions

For more detailed information about your procedure, visit [www.nqxray.com.au](http://www.nqxray.com.au)



### ULTRASOUND

#### PREGNANCY, PELVIC, TRANSVAGINAL AND RENAL / URINARY TRACT SCAN

Your bladder must be full at the time of your appointment to enable your scan to proceed. Please drink at least one litre of water, finishing one hour prior to your scheduled appointment time. Please do not empty your bladder or your appointment will need to be rescheduled (if you are unable to hold on, you may partly empty your bladder).

#### UPPER ABDOMEN SCAN

A six (6) hour fast is required. Please do not smoke, eat or drink anything (except clear fluid) for six hours prior to your appointment. If you are a diabetic, please advise our reception staff when making your appointment.

#### ABDOMINAL DOPPLER SCAN

An eight (8) hour fast is required. Please do not smoke or eat anything for eight hours prior to your appointment, but you will need to drink at least one litre of water, one hour prior to your appointment time. As this is to assist in hydration you are not required to retain a full bladder. If you are a diabetic, please advise our reception staff when making your appointment.

#### THYROID, BREAST & PERIPHERAL DOPPLER SCAN

No preparation is required.

#### VASCULAR / MUSCULOSKELETAL SCAN

No preparation is required.

#### ULTRASOUND PROCEDURES FOR CHILDREN AND BABIES

When contacting our clinic to make an appointment, please inform our reception staff of the child's age and the examination being requested. You will then be advised of the appropriate preparation.

### MAGNETIC RESONANCE IMAGING (MRI)

No preparation is required, however all patients must contact our Cairns rooms on (07) 4041 3188 to obtain an assessment prior to the examination. Patients with Cardiac Pacemakers, Cerebral Aneurysm Clips or Cochlear Implants may not be suitable for this examination.

### CT SCANS

#### NECK, CHEST, PELVIS, ABDOMINAL, ANGIOGRAPHY OR BRAIN SCAN

Please do not eat or drink anything (except water) for four (4) hours prior to your appointment.

#### ALL OTHER C.T. SCANS

No preparation is required.

Please notify our staff if you have a history of seafood or iodine allergies, diabetes, renal impairment, asthma or if you've had previous contrast reaction. You should continue to take prescription medications as per normal.

### BONE DENSITOMETRY (DEXA SCAN)

No preparation is required for this procedure. However, this procedure should not be performed one week after a Barium study or within three days of a Nuclear Medicine examination. Please wear loose fitting clothing to your appointment and ensure your clothes do not consist of any metal fasteners or zips.

### ECHOCARDIOGRAPHY

No patient preparation required. Ladies are advised to wear a two piece outfit to assist with changing for the examination.

Cairns Services List	X-Ray	OPG / Ceph	Bone Densitometry	CT	Ultrasound	Echocardiography	MRI	Cardiac MRI	Ultrasound and CT-Guided Injections
CAIRNS	•	•	•	•	•	•	•	•	•
EARLVILLE	•	•	•	•	•				
SMITHFIELD	•	•		•	•				