

# → Radiology Request

CLICK HERE TO CLEAR FORM



## PATIENT DETAILS

Date:

Name:

Address:

Medicare  
Number:

Telephone:

DOB:

Dr Archan Patel  
Dr Ahmed Bilal  
Dr Venus Hedayati  
Dr Tony Lamont  
Dr Cornel Spies  
Dr Robbin Waterhouse  
Dr Suranga Weerasooriya

### TO MAKE A BOOKING

Tel: 1300 NQ XRAY or (07) 4779 3711  
Email: bookings@nqxray.com.au  
Fax: (07) 4779 6351  
MMS (photo): 0417 898 125

### TO CONTACT ADMIN

Tel: 1300 NQ XRAY or (07) 4779 3711  
Email: admintsv@nqxray.com.au  
Fax: (07) 4779 6351  
[www.nqxray.com.au](http://www.nqxray.com.au)

### OUR LOCATIONS AND HOURS

#### • AITKENVALE

Queensland Country Centre  
Suite 1/333 Ross River Road  
Aitkenvale Q 4814

Monday – Friday: 8am to 6pm  
Saturday: 8am to 1pm  
Sunday: Closed

#### • HYDE PARK

16 Bayswater Road  
Hyde Park Q 4812

Monday – Friday: 9am to 5pm  
Saturday and Sunday: Closed

#### • KIRWAN

91 Thuringowa Drive  
Kirwan Q 4817

Monday – Friday: 8am 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.

## EXAMINATIONS REQUESTED

## CLINICAL INDICATION

### IMPORTANT NOTE:

For patients requiring IV  
contrast who:

1. Are over 60 years old;
2. Have diabetes; or
3. Have known renal dysfunction; or
4. Have cardiovascular disease.

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

SERUM CREATININE LEVEL =

eGFR =

\*As per RANZCR guidelines.

## REFERRING DOCTORS DETAILS

Practitioner's  
Name:

Address:

Insert signature file,  
or print and sign:

Or sign using a  
Digital ID here:

Provider  
Number:

Telephone:

Date:

Report to be sent:

- Copied to \_\_\_\_\_
- Faxed to \_\_\_\_\_
- Sent with Patient
- 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



## 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 Kirwan rooms on (07) 4779 3711 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.

## MAMMOGRAPHY

For your own comfort, this procedure should not be performed within 10 days of commencing your period. Please do not use aluminium-based underarm talc, deodorant or perfume, and ensure that there is no talcum powder on your breasts. Please wear a two-piece outfit, and ensure you bring any previous mammograms and/or ultrasounds for comparison.

## NUCLEAR MEDICINE

Please call our practice for any preparation requirements. Most tests do not require preparation.

**Bone Scans, VQ Scans, GHPS, WBC Scan:** Nil preparation.

**Myocardial Perfusion Scan (MPS):** Cease caffeine 24 hours prior. Some medications may need to be withheld prior to MPS, please consult reception. Please bring medication list.

**Thyroid Scans:** Please consult reception about any medication you are taking or if you have had contrast previous 6 weeks.

**HIDA Scans, Gastric Emptying:** Fasting 4-6 hours prior, nil opiates for 24 hours prior (for HIDA Scan).

**MAG3 Renal:** Well hydrated, cease diuretics on day.

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