

PATIENT DETAILS

Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ ☐ Workers Comp

Medicare Number _____ ☐ Third Party

EXAMINATION REQUESTED

- | | |
|--|---|
| <input type="checkbox"/> General X-Ray | <input type="checkbox"/> 3D Mammography |
| <input type="checkbox"/> OPG / Dental | <input type="checkbox"/> Interventional Procedure (Inc. Injections / FNA / Core Biopsy) |
| <input type="checkbox"/> CT (low dose) | <input type="checkbox"/> Bone Mineral Density |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Other: _____ |

AREA TO BE EXAMINED & CLINICAL NOTES

☐ Allergies _____ ☐ Urgent

For IV contrast exams, recent creatinine level / eGFR: _____

REFERRER DETAILS

Name* _____ **Speciality*** _____

Address* _____ **Provider Number*** _____

Contact Number* _____ **Fax Number:** _____

**Must be completed*

Signature* _____ **Date*** _____

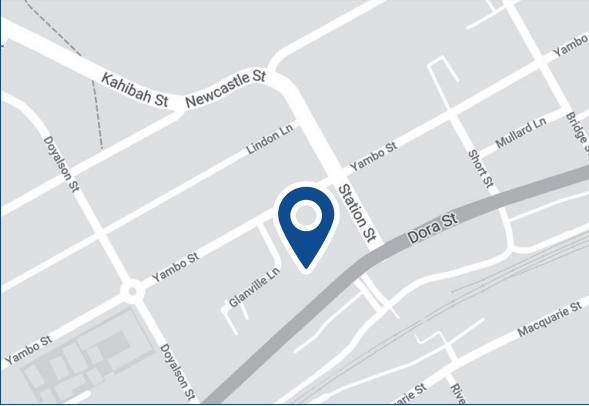
Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

All reports and images are available electronically (via IntelRad and/or downloads). Please tick below for your additional requests.

REPORTS ☐ Urgent Results ☐ Fax ☐ Download
☐ Phone ☐ Film ☐ Copy reports to: _____

☐ Referral Pads Required

WHERE TO FIND US



-  Shop 2 / 89 Dora Street
Morisset NSW 2264
Opposite Morisset Railway Station
Free Parking Available
-  (02) 49 733 732
-  (02) 49 733 823
-  admin@lakesradiology.com.au
-  Monday to Friday 8.00am - 5.00pm
Closed weekends and public holidays

PATIENT PREPARATION

- ☐ **X-RAY/OPG:** No appointment or preparation required.
- ☐ **CT:** You will receive instructions before your appointment.
- ☐ **ULTRASOUND RENAL:** No eating, drinking (except water), or smoking 6 hours before the exam. A full bladder is required. **Drink 750ml of water, finishing 1 hour before your appointment.** Do not empty your bladder.
- ☐ **ULTRASOUND OF PELVIS AND PREGNANCY:** A full bladder is required. **Drink 750ml of water, finishing 1 hour before your appointment.** Do not empty your bladder.
- ☐ **ULTRASOUND OF ABDOMEN (LIVER, GALLBLADDER OR PANCREAS):** No eating, drinking (except water), or smoking 8 hours before the exam.
- ☐ **MAMMOGRAPHY:** Do not wear deodorant or powder before your exam. **A two-piece outfit is preferred**, as you will need to remove everything from the waist up.

SERVICES

- **General X-Ray**
- **OPG / Dental**
- **CT (low dose)**
- **Ultrasound**
General
Obstetrics / Gynaecology
Musculoskeletal
Vascular
Doppler
- **Interventional Procedures**
- **FNA & Core Biopsy**
- **3D Mammography**
- **Bone Mineral Density**

Appointment Date: _____

Appointment Time: _____

Preparation: _____

Your doctor has recommended you use Lakes Radiology. You may choose another provider but please discuss this with your doctor first.