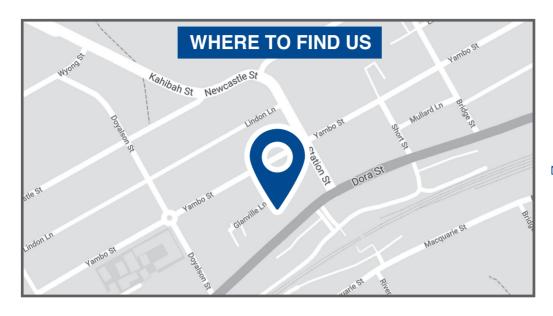
### **DIAGNOSTIC IMAGING REQUEST/** INTERVENTIONAL PROCEDURE REFERRAL

**EXAMINATION REQUIRED** 

| CT Scan               |  |
|-----------------------|--|
| BMD                   |  |
| Ultrasound            |  |
| General X-ray         |  |
| Mammography           | If patient requiring IV contrast, recent Creatinine level/eGFR:  |
| Nuclear<br>Medicine   |  |
| Pain<br>Management    |  |
| MSK<br>Interventional |  |
| Biopsies              |  |
| Nuclear<br>Medicine   | *Please accept this form as a referral for this patient for investigation, opinion, treatment and/or management of a condition or problem. |
| ☐ WorkCover           |  |
| ☐ Third Party         | Signature: Date:   |
| □CC Dr                | ☐ More Request Forms   |
| Your doctor ha        | s recommended you use Lakes Radiology. You may choose another provider but please discuss this with your doc                               |



# IMAGING/CONSULTATION REQUEST



Shop 2 / 89 Dora Street Morisset NSW 2264 Opposite Morisset Railway Station

#### Free Parking Available!

**2** 02 49 733 732

**a** 02 49 733 823

□ admin@lakesradiology.com.au

Monday to Friday 8:00am to 5:30pm

Saturday 9:00am to 1:00pm

Sun & Public Holidays - Closed

#### **PATIENT PREPARATION**

#### X-RAY

No appointment required and no preparation required.

CT

You will be given instructions prior to your appointment.

#### **ULTRASOUND OF PELVIS, PREGNANCY OR KIDNEYS**

You need to have a full bladder. Drink 750ml of water finishing at least 1 hour before your appointment. Do not empty your bladder.

## ULTRASOUND OF ABDOMEN (LIVER, GALLBLADDER OR PANCREAS)

Have nothing to eat or drink, except water, black coffee, or tea (no sugar or dairy) for 8 hours prior to the examination.

No cigarettes on the day of the examination.

#### **MAMMOGRAPHY**

Do not put on any deodorant or powder before your exam.

Try to wear a two-piece outfit (i.e. skirt and blouse or pants and blouse) because you will need to remove everything from the waist up.

#### **NUCLEAR MEDICINE**

#### **FULL PROCEDURE LIST:**

- · General X-Ray
- CT CT Angiography
- Ultrasound

General, Obstetrics / Gynaecology, Nuchal Translucency, Musculoskeletal, Vascular, Doppler

- · Imaging Guided MSK Injections
- Fine Needle Biopsy
- Nuclear Medicine
   Thyroid, Myocardial Perfusion, Whole Body Bone Scan, Lung VQ Scan
- · OPG & Lat Ceph
- Mammography
- · Bone Mineral Density

| Appointment date: |  |  |
|-------------------|--|--|
|                   |  |  |
| Appointment time: |  |  |
| Preparation:      |  |  |
| -                 |  |  |