



# Regional Imaging

Comprehensive care. Uncompromising quality.

A member of I-MED Radiology Network

PLEASE BRING PREVIOUS FILMS FOR COMPARISON

Patient

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (H): \_\_\_\_\_ MEDICARE NO: \_\_\_\_\_

TELEPHONE (M): \_\_\_\_\_

POSSIBILITY OF PREGNANCY?  YES  NO  UNSURE |  WORKERS COMPENSATION

Examination Required

ANGIOGRAPHY                       GENERAL X-RAY                       NUCLEAR MEDICINE

BONE DENSITOMETRY               INTERVENTIONAL PROCEDURES     OPG

CT     MAMMOGRAPHY                       ULTRASOUND

FLUOROSCOPY                       MRI

REGIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinical Notes

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Referring Doctor

REFERRER NAME: \_\_\_\_\_ PROVIDER NO: \_\_\_\_\_

REFERRER ADDRESS: \_\_\_\_\_ COPY REPORT TO: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Appointments

Call: 1800 000 893

Date: \_\_\_\_\_

Time: \_\_\_\_\_

- Location:**
- Calvary Hospital
  - Hobart Private Hospital
  - Rosny
  - Kingston

## IV Contrast Alert

**Contrast Allergy**

Yes  No

**Renal Disease**

Yes  No

**Diabetes Metformin treatment**

Yes  No

**Creatinine level:** \_\_\_\_\_

eGFR: \_\_\_\_\_

Date: \_\_\_\_\_

## MRI

Indicate whether the following applies to your patient.

- History of welding, grinding, sheet metal work**
- Yes  No
- Cardiac pacemaker**
- Yes  No
- Brain aneurysm clip**
- Yes  No
- Cochlear implant**
- Yes  No
- Intravascular coils, filters, stents**
- Yes  No

## Obstetric Ultrasound

**Previous Uterine surgery/Instrumentation**

Yes  No

Number: \_\_\_\_\_

Date LMP: \_\_\_\_\_

# Directions for Patients



Practice Procedure List	Angiography	Bone Densitometry	CT	Fluoroscopy	General X-ray	Interventional Procedures	Mammography/Tomosynthesis	MRI	Nuclear Medicine	OPG	Ultrasound
<b>Calvary Hospital</b> 49 Augusta Road, Lenah Valley TAS 7008 <b>Appointments:</b> 1800 000 893 <b>Fax:</b> (03) 6242 8088	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
<b>Hobart Private Hospital</b> Collins & Argyle Sts, Hobart TAS 7000 <b>Appointments:</b> 1800 000 893 <b>Fax:</b> (03) 6232 8222	✓		✓		✓	✓				✓	✓
<b>Rosny</b> 3 Ross Avenue, Rosny Park TAS 7018 <b>Appointments:</b> 1800 000 893 <b>Fax:</b> (03) 6212 6066			✓		✓	✓				✓	✓
<b>Kingston</b> 3/11 John Street, Kingston TAS 7050 <b>Appointments:</b> 1800 000 893 <b>Fax:</b> (03) 6242 3033		✓	✓		✓	✓				✓	✓

**Please note:** Some examinations require special preparation. Please check when making your appointment. Patient preparation information can be found at [regionalimaging.com.au](http://regionalimaging.com.au)

Your doctor has recommended that you use Regional Imaging. You may choose another provider but please discuss this with your doctor first.



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