

Radiology Request Form

PATIENT DETAILS

Name: _____ DATE _____
Address: _____ D.O.B: _____
Medicare No: _____ Phone: _____

EXAMINATION REQUIRED

Large empty box for examination details.

CLINICAL HISTORY

Large empty box for clinical history.

If female and of child bearing age, please indicate if patient may be pregnant: Yes No
If patient is over 60 years and / or has a history of renal impairment and requires IV contrast: ?EGFR = _____



PLEASE BRING PREVIOUS FILMS

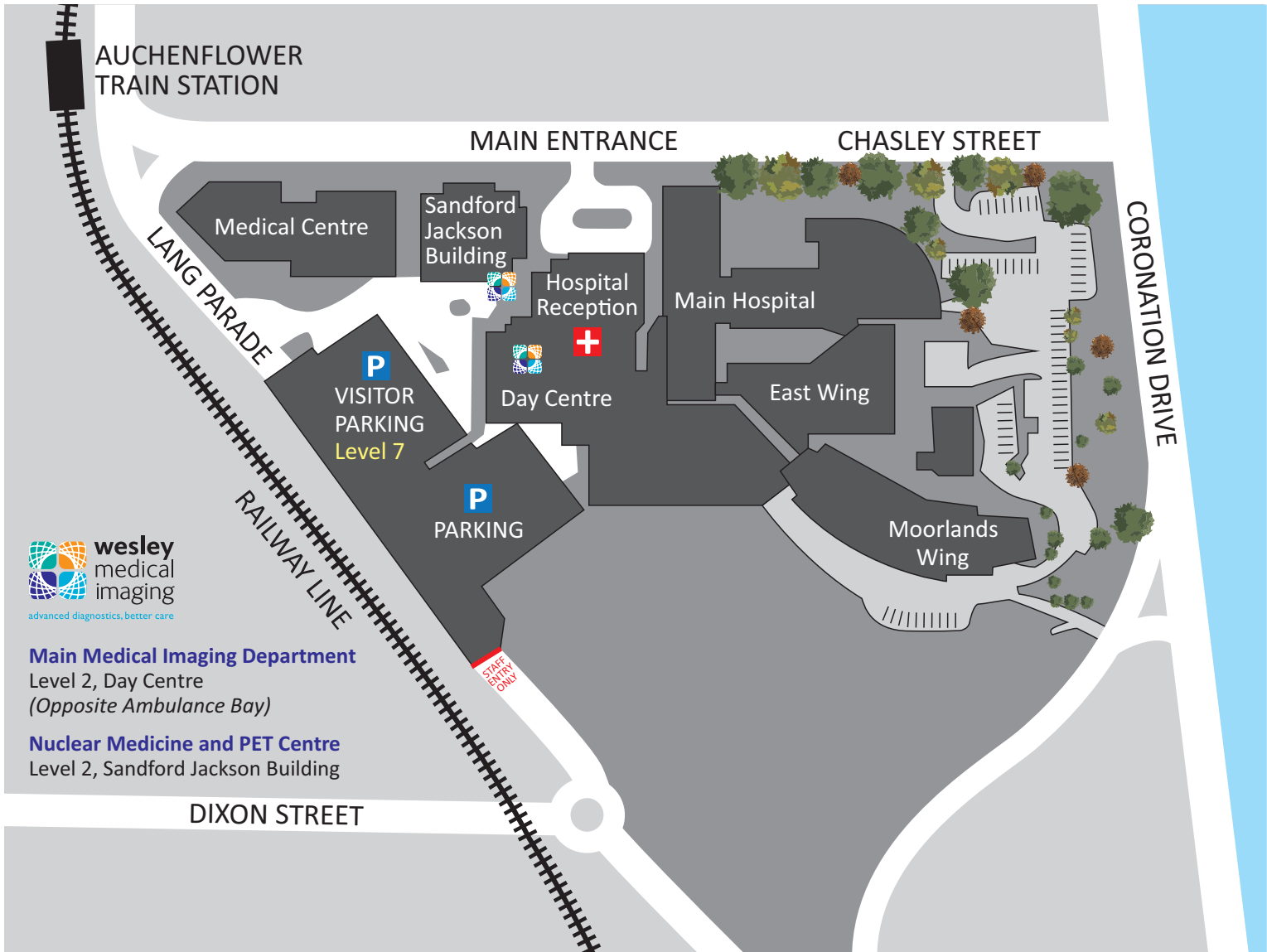
REFERRING DOCTORS DETAILS

Doctor's Name: _____
Address: _____
Cc: _____
Cc: _____
Signature: _____

RADIOLOGY FINAL CHECK

Patient identification verified
Procedure & consent verified
Correct side & site verified
Correct patient data & side markers
(Radiographer's Initials)
TEAM LEADER
Signature: _____

Patient Directory



OTHER CLINIC LOCATIONS

Buranda (Opposite PA Hospital)

PA Central, Level 1
Tel: 3028 1000 Fax: 3028 1099

Caboolture Hospital

McKean Street
Tel: 5498 3055 Fax: 5498 3845

Caboolture Specialist Centre

15 Hasking Street
Tel: 5495 2077 Fax: 5498 9618

Chermside Medical Complex

Suite 6, 956 Gympie Drive
Tel: 3326 4700 Fax: 3359 6871

Clayfield

789 Sandgate Road
Tel: 3262 8588 Fax: 3262 7794

Herston Specialist Imaging (Opposite RBWH)

4/49 Butterfield Street
Tel: 3640 6500 Fax: 3640 6599

Ipswich Multiplex

1 Pring Street
Tel: 3432 7300 Fax: 3432 7321

Ipswich St Andrew's Hospital

2 Pring Street
Tel: 3432 7300 Fax: 3432 7320

Strathpine

429 Gympie Road
Tel: 3881 2888 Fax: 3881 2464

Wesley Medical Imaging operates extended opening hours.
Please visit www.wesleymedicalimaging.com.au or phone 3371 9588 for further information.