



PATIENT NAME AND ADDRESS

DATE OF BIRTH
TELEPHONE (M)
MEDICARE NO.

REQUESTED STUDY

CLINICAL DETAILS

REFERRING DOCTOR Address/Provider Number

SIGNATURE

DATE

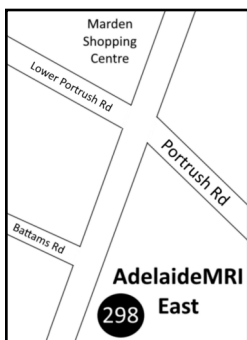
All referral forms accepted. This form is accepted everywhere.

ALL MEDICARE ELIGIBLE X-RAYS AND SCANS ARE BULKBILLED

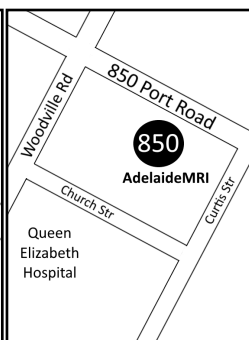
For all enquiries and appointments, please contact your preferred clinic

			MRI	CT	Ultrasound	X-Ray	Intervention	Bone Density
ADELAIDE MRI EAST (PAYNEHAM) 298 PAYNEHAM RD	P 8440 7700 F 8440 7709	Mon-Fri 9am-6pm	●	●	●	●	●	
ADELAIDE MRI (WOODVILLE) 850 PORT RD	P 8440 7730 F 8440 7739	Mon-Fri 9am-6pm	●	●	●	●	●	
GOODWOOD DIAGNOSTIC IMAGING 311 GOODWOOD RD	P 8440 7710 F 8440 7719	Mon-Fri 9am-3pm		●	●	●	●	
ELIZABETH DIAGNOSTIC IMAGING 34-36 OLDHAM RD	P 8440 7720 F 8440 7729	Mon-Fri 9am-5pm		●	●	●	●	
ADELAIDE MRI CENTRAL (TORRENSVILLE) 152 HENLEY BEACH RD	P 8440 7740 F 8440 7749	Mon-Fri 9am-6pm		●	●	●	●	●
ADELAIDE MRI PARAFIELD 33 MCINTYRE RD	P 8440 7750 F 8440 7759	Mon-Fri 10am-6pm		●	●	●	●	

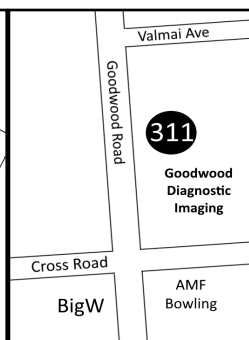
PAYNEHAM



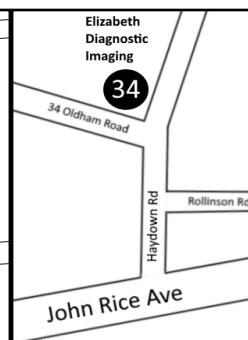
WOODVILLE



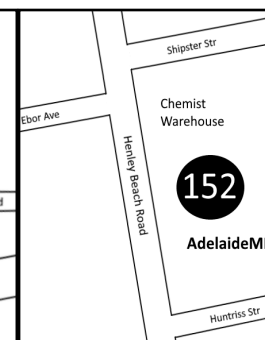
GOODWOOD



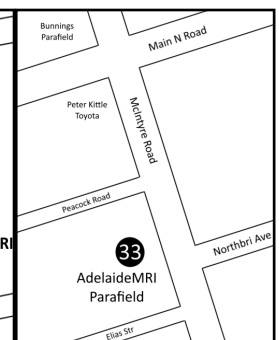
ELIZABETH



TORRENSVILLE



PARA HILLS





PATIENT PREPARATION

Continue all medication as per your doctor's instructions

Ultrasound Upper Abdomen: Nothing to eat or drink and no smoking for at least 4 hours before your appointment.

Ultrasound Renal, Pelvis and Early Pregnancy: Full bladder required. Drink up to 1Litre of water. Finish drinking 1-1.5 hours before your appointment.

CT Head, Neck and Chest: Nothing to eat for at least 2 hours before your appointment. A small amount of water may be had.

CT Abdomen and Pelvis: Nothing to eat or drink for 4 hours.

CT Colonogram: Please contact our rooms to collect a preparation kit 2 days prior to your appointment and follow the dietary instructions.

CT Guided Injections: Please advise our staff if you are taking any blood thinning medication.

MRI Preparation: Preparation and Safety Check must be confirmed by our staff at time of booking your appointment.

GP REFERRED MRI—MEDICARE ELIGIBLE FOR BULK BILLING

REGION	CLINICAL DETAILS	REGION	CLINICAL DETAILS
HEAD (63551)	ADULT (16 years or older)	HEAD (63507)	PAEDIATRIC (Under 16 years)
OR	<ul style="list-style-type: none"> Unexplained seizure(s) Unexplained chronic headaches with suspected intracranial pathology 	OR	<ul style="list-style-type: none"> an unexplained seizure an unexplained headache if significant pathology is suspected paranasal sinus pathology that has not responded to conservative therapy
CERVICAL SPINE (63554)	ADULT (16 years or older)	CERVICAL / THORACIC / LUMBAR SPINE (63510)	PAEDIATRIC (Under 16 years)
	<ul style="list-style-type: none"> Suspected cervical radiculopathy 	OR	<ul style="list-style-type: none"> significant trauma unexplained neck or back pain with associated neurological signs unexplained back pain if significant pathology is suspected
ELBOW (63519)	PAEDIATRIC (Under 16 years)	WRIST (63522)	PAEDIATRIC (Under 16 years)
	Following a radiographic examination		Following a radiographic examination
	<ul style="list-style-type: none"> if a significant fracture or avulsion injury, which would change the way in which the patient is managed, is suspected 		<ul style="list-style-type: none"> Suspected scaphoid fracture
HIP (63516)	PAEDIATRIC (Under 16 years)	ABDOMEN (63740)	
	Following a radiographic examination		?evaluate small bowel Crohn's disease
OR	<ul style="list-style-type: none"> septic arthritis slipped capital femoral epiphysis 	OR	<ul style="list-style-type: none"> evaluation of disease extent at time of initial diagnosis of Crohn's disease evaluation of exacerbation, or suspected complications, of known Crohn's disease assessment of change to therapy in a patient with small bowel Crohn's disease
OR	<ul style="list-style-type: none"> Perthes disease 	OR	
KNEE (63560)	ADULT (16 - 49 years)	KNEE (63513)	PAEDIATRIC (Under 16 years)
	Following acute trauma		Following a radiographic examination
OR	<ul style="list-style-type: none"> inability to extend the knee suggesting the possibility of acute meniscal tear; clinical findings suggesting acute anterior cruciate ligament tear 		<ul style="list-style-type: none"> For internal joint derangement

PODIATRIST	Medicare eligible indications - X-Rays: Foot/Ankle/Knee/Femur - Ultrasound Foot/Ankle Steroid injection not Medicare eligible	PHYSIOTHERAPIST CHIROPRACTOR OSTEOPATH	Medicare eligible indicators - X-Rays: Hips/Pelvis - Single & Multi region Spine
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RADIOLOGIST DIRECT LINE 8440 7777

Radiologists: Dr Roger Davies & Dr Jacqueline Kew