

# REQUEST for DIAGNOSTIC IMAGING



**Direct  
Radiology**  
Focused on care

**APPOINTMENT TIME:**

DATE:    /    /                      TIME: \_\_\_\_\_

Name:

Date of Birth:

Address:

Telephone:

REFERRAL/REQUEST(S) FOR:

CLINICAL DETAILS:

REFERRING DOCTORS DETAILS:

**PATIENT CATEGORY:**

- PRIVATE
- VET/AFF
- TAC
- W/C
- PENSION

**RESULTS:**

- Telephone Report
- Images + report return with patient
- Fax Report
- Electronic Report
- All reports will be emailed with immediate web access to images

COPIES TO: \_\_\_\_\_

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

DOCTOR'S SIGNATURE: \_\_\_\_\_

PROVIDER NUMBER: \_\_\_\_\_

Male  Female

Pregnant?  Yes  No

**Renal Function**

For contrast-enhanced **CT** or **MR**, renal function (Within last 3 months) is required if any box ticked.

> 60 Years old   
Renal disease   
Diabetes   
Hypertension

Renal Function - eGFR \_\_\_\_\_ or Cr \_\_\_\_\_

Date Performed \_\_\_\_\_

**CT**

Patient taking Metformin? Yes  No

**MRI SAFETY SURVEY**

Please indicate with a tick:	YES	NO
Cardiac Pacemaker (or wires)	<input type="radio"/>	<input type="radio"/>
Heart valve / Coronary stent	<input type="radio"/>	<input type="radio"/>
Aneurysm Clip	<input type="radio"/>	<input type="radio"/>
Cochlear / Stapes implant	<input type="radio"/>	<input type="radio"/>
VP shunt	<input type="radio"/>	<input type="radio"/>
Neurostimulator	<input type="radio"/>	<input type="radio"/>
Breast Tissue Expander	<input type="radio"/>	<input type="radio"/>
Insulin Infusion Pump	<input type="radio"/>	<input type="radio"/>
Other Metallic Foreign Body	<input type="radio"/>	<input type="radio"/>
Metallic Foreign Body in Eye	<input type="radio"/>	<input type="radio"/>

(If not removed = orbit X-ray)

If 'YES' to ANY above, please provide make, model and any supporting documentation.

**Direct Radiology is committed to providing high quality imaging services with low out of pocket cost to patients. Most imaging services are BULK BILLED including X-Ray, \*Ultrasound and Low Dose CT Scans.**

\*Obstetric, Paediatric (children under 5 years) and interventional Ultrasound services may incur an out of pocket cost

Your doctor has recommended that you use <sup>Direct</sup>Radiology. You may choose another provider but please discuss with your doctor first.  
Re-order forms via [www.directradiology.com.au](http://www.directradiology.com.au)

