



Verbal consent       3 Point check

**PATIENT DETAILS:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Medicare Number: \_\_\_\_\_

**REQUEST FOR:**

**CLINICAL NOTES:**

**REFERRING  
DOCTOR'S DETAILS:**

**DR'S SIGNATURE:**

**REQUEST DATE:**

**CONTRAST CT:**     Diabetes       Metformin Treatment       Contrast Allergy  
Specify:

**PATIENT CATEGORY:**

PTE       VET/AFF  
 W/C       TAC  
 Pension

**IS THIS PATIENT  
PREGNANT:**

Yes     No

**RESULTS:**

Electronic       Films to patient  
 Telephone       Fax  
 Urgent       CD

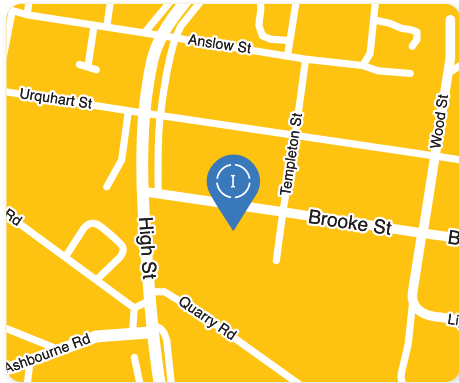
COPIES TO:



In-House Radiology

**TIME OF APPOINTMENT:**

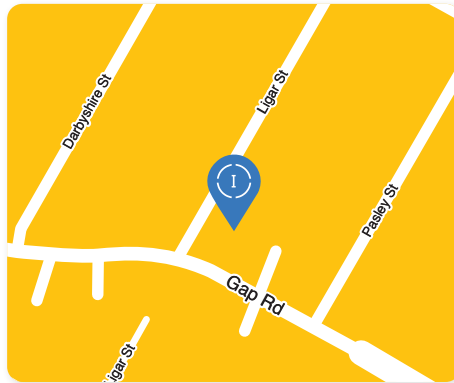
**DATE:**       /       /



### WOODEND

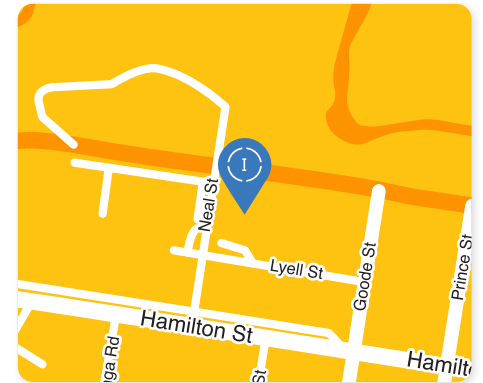
Ultrasound, Doppler, Shear-Wave  
Elastography (Fibroscan),  
4D Ultrasound, OPG,  
X-ray and Low-Dose CT

14 Brooke Street, Woodend 3442  
Phone: (03) 7065 0866



### SUNBURY

Ultrasound, Doppler and X-ray  
51 Ligar Street, Sunbury 3429  
Phone: (03) 9218 7288



### GISBORNE

Ultrasound, Doppler, Shear-Wave  
Elastography (Fibroscan) and UGAP

Cnr Lyell and Neal Streets,  
Gisborne 3437  
Phone: (03) 5483 3307

## TEST PREPARATION INSTRUCTIONS

The following preparation is standard for patients over the age of 15.

Patients under the age of 15 or those with special dietary requirements or medical conditions should contact the clinic for any special instructions.

Patients should continue to take any medications unless instructed otherwise.

### **Abdomen Ultrasound (Upper Abdomen):**

Do not eat, drink or smoke for 8 hours prior to exam.

### **Pelvic Ultrasound (Lower Abdomen):**

Finish 3 glasses of water 1 hour prior to the appointment. Hold bladder till after examination.

### **Renal Ultrasound (Kidneys, Urinary tract):**

Finish 3 glasses of water 1 hour prior to the appointment. Hold bladder till after examination.

### **Renal Arteries (Renal Doppler):**

Do not eat, drink or smoke for 8 hours prior to appointment. Drink 2 glasses of water 1 hour before appointment. (May use toilet)

### **Pregnancy Ultrasound up to 12 weeks (Obstetric):**

Finish 1 glass of water 1 hour prior to examination. Hold bladder till after examination.

### **Shear-Wave Elastography & UGAP:**

Do not eat, drink or smoke for 8 hours prior to exam.

### **CT Abdomen and Pelvis, Brain, Neck and/or Chest:**

Fast for 2 hours.