



	Verbal co	onsent 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 Contr	ast Allergy :
PATIENT CATEGORY: IS THIS PATIENT PREGNANT:	RESULTS:	
PTE VET/AFF Yes No	Electronic	Films to patient
W/C TAC	Telephone	Fax
Pension	Urgent	CD
	COPIES TO:	

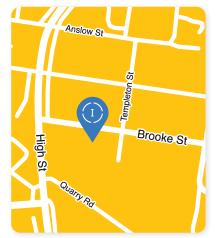


TIME OF APPOINTMENT:

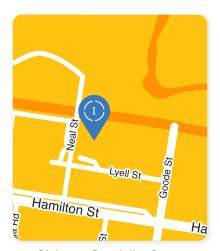
DATE: / /

GENERAL X-RAY
OPG/CEPH
ULTRASOUND
DOPPLER
SHEAR-WAVE ELASTOGRAPHY
CT
CT
CT ANGIOGRAPHY
CT CALCIUM SCORING

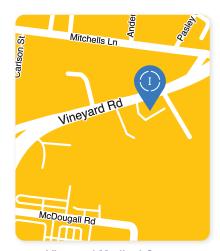
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Location	Address	Tel	Fax	Hours									
Brooke Street Medical Centre	14 Brooke Street, Woodend	7065 0866	7065 5898	M-F 9am-5pm Sat 9am-1pm	•	•	•	•	•	•	•	•	
Gisborne Specialist Centre	Cnr Neal & Lyell Streets, Gisborne	5483 3307 or 7065 0866	5483 3344 or 7065 5898	Call clinic for details			•	•	•				•
Vineyard Medical Centre	2-6 Sussex Crt, Sunbury	7302 1201	7302 1202	Call clinic for details			•	•	•				•







Gisborne Specialist Centre



Vineyard Medical Centre

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.