



# Radiology Request/Referral

Patient details

Name	DOB / /	Time of appointment
Address		Date
Medicare No.	Telephone	Clinic

- |  |  |
|--|--|
| <input type="checkbox"/> Plain x-ray         | <input type="checkbox"/> Duplex ultrasound         |
| <input type="checkbox"/> Angiography         | <input type="checkbox"/> Arterial                  |
| <input type="checkbox"/> Fluoroscopy         | <input type="checkbox"/> Venous                    |
| <input type="checkbox"/> Bone densitometry   | <input type="checkbox"/> DVT                       |
| <input type="checkbox"/> Interventional CT   | <input type="checkbox"/> Mammography               |
| <input type="checkbox"/> Nuclear medicine    | <input type="checkbox"/> Screening                 |
| <input type="checkbox"/> PET                 | <input type="checkbox"/> Diagnostic +/- ultrasound |
| <input type="checkbox"/> Ultrasound          | <input type="checkbox"/> Biopsy                    |
| <input type="checkbox"/> Nuchal translucency |  |
| <input type="checkbox"/> Interventional      |  |

- ☐ MRI +/- Orbits +/- Skull  
+/- Chest X-ray
- IMPORTANT: Indicate whether the following applies to your patient.**
- |  |                          |                          |
|--|--------------------------|--------------------------|
| History of welding, grinding, sheet metal work | Y                        | N                        |
| Cardiac pacemaker                              | <input type="checkbox"/> | <input type="checkbox"/> |
| Brain aneurysm clip                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Cochlear implant                               | <input type="checkbox"/> | <input type="checkbox"/> |

- ☐ CT scanning
- |   |
|---|
| <input type="checkbox"/> CT chest/abdo/pelvis |
| <input type="checkbox"/> CT brain             |
| <input type="checkbox"/>                      |
- If Diabetic, does treatment contain Metformin? Y N ☐ ☐
- What is current renal function? .....
- Date of renal function? .....
- Most Recent eGFR? .....

## Diagnostic Request *Diagnostic Services Requested*

## Referral Details *Reason for Referral and Clinical History*

Referring doctor's details

Signature	Date
Copy to	
Thank you for referring your patient to Epworth Medical Imaging	

### Referring clinician use only

- ☐ Telephone report ( ..... )
- ☐ Films with patient

### Internal use only

Pregnant	Y	N
Patient identification verified	<input type="checkbox"/>	<input type="checkbox"/>
Procedure and consent verified	<input type="checkbox"/>	<input type="checkbox"/>
Tech name/position:	.....	
	.....	

For more information about your examination please visit [epworthmedicalimaging.com.au](http://epworthmedicalimaging.com.au)

Your doctor has recommended you use Epworth Medical Imaging. You may choose another provider but please

		Open weekends	X-ray	PET CT	CT	Ultrasound	Angiography	Fluoroscopy	Breast ultrasound	Doppler	Bone mineral densitometry	Peripheral vascular ultrasound	Mammography	Nuclear medicine	Procedures	MRI	Dental imaging
<b>Radiology Victoria - Knox</b>			•		•	•			•			•			•	•	•
675 Boronia Rd, Wantirna <b>Phone</b> 03 9297 8300 <b>Fax</b> 03 9297 8320	Monday to Friday 8:00am to 6:00pm Saturday & Sunday CLOSED																
<b>Epworth Richmond</b>		•	•		•	•	•	•	•	•	•	•	•	•	•	•	•
Level 2, 89 Bridge Road, Richmond <b>Phone</b> 03 9297 8000 <b>Fax</b> 03 9297 8022	Monday to Friday 7:00am to 7:00pm Saturday 7:30am – 4:00pm Sunday 8:30am – 1:00pm																
<b>Epworth Freemasons</b>		N/A	•	•	•	•		•	•	•		•		•	•	•	
113 Albert Street, East Melbourne <b>Phone</b> 03 9297 8200 <b>Fax</b> 03 9297 8222	Monday to Friday 8:30am to 5:00pm Saturday to Sunday inpatient service only																
<b>Epworth Freemasons Medical Centre</b>		N/A				•			•	•	•		•		•		
320 Victoria Parade, East Melbourne <b>Phone</b> 03 9297 8250 <b>Fax</b> 03 9297 8255	Monday to Friday 8:30am to 5:00pm Saturday to Sunday inpatient service only																
<b>Epworth Geelong</b>		•	•		•	•	•	•	•	•	•	•	•		•	•	•
1 Epworth Place, Warrn Ponds <b>Phone</b> 03 5279 8500 <b>Fax</b> 03 5279 8522	Monday to Friday 8:30am to 5:30pm MRI Monday to Friday: 6:30 am – 8:30 pm Saturday to Sunday inpatient service only																