

Bradma sticker

# Inpatient Radiology Request/Referral

Ward ..... Bed no. ....

## Diagnostic Request *Diagnostic Services Requested*

### Modality

- |  |  |
|--|--|
| <input type="checkbox"/> Plain x-ray       | <input type="checkbox"/> Interventional CT |
| <input type="checkbox"/> Angiography       | <input type="checkbox"/> Nuclear medicine  |
| <input type="checkbox"/> Fluoroscopy       | <input type="checkbox"/> PET CT            |
| <input type="checkbox"/> Bone densitometry | <input type="checkbox"/> Ultrasound        |
| <input type="checkbox"/> Mammography       | <input type="checkbox"/> Duplex ultrasound |

- ☐ 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 ☐ ☐
- Brain aneurysm clip ☐ ☐
- Cochlear implant ☐ ☐

- ☐ CT scanning
- ☐ CT angiography
- ☐ CT cardiac
- If diabetic, does treatment contain Metformin? ☐ Y ☐ N
- What is current renal function?  
.....
- Date of renal function? .....
- Most recent eGFR?  
.....

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

### Patient travel:

☐ Wheelchair ☐ Bed ☐ Oxygen ☐ Attachments ☐ Bariatric

### Nurse escort:

☐ No ☐ Yes Ext .....

### Precautions:

VRE MRSA Gastro

TB Aggression

Other (please indicate) .....

### Internal use only

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

Referring doctor's details

Signature ..... Date .....

Copy to .....

Thank you for referring your patient to Epworth Medical Imaging



**Epworth** Medical Imaging

## Inpatient Radiology Request/Referral

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

[illegible]