

**BULK BILLED FOR MOST EXAMS - PROMPT SERVICE**

**RADIOLOGY and NUCLEAR MEDICINE**

Prahran



Sandringham



**Patient Details**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Mobile / Best Contact Number: \_\_\_\_\_ Medicare No.: \_\_\_\_\_  
 Pension card No: \_\_\_\_\_

**Examination Requested**

**Clinical Details**

Diabetic ?  Yes  No  
  On metformin ?  Yes  No  
  Pregnant ?  Yes  No  
  Allergies ?

**Referring Doctor Details**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 ✦ Fax: \_\_\_\_\_  
 Provider No.: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Reports**

Fax  
 Mail  
 Electronic Delivery (Healthlink)  
 Images on CD  
 Online Images (Intelerad)  
 Copy of report to (& Fax # please): \_\_\_\_\_

**Billing Details**

Bulk Bill  
 Veterans Affairs  
 Private  
 Workcover  
 TAC  
 Pensioner  
 Health care card holder

Date: \_\_\_\_\_

**MRI Screening Checklist (Alfred)**

Please indicate whether the following applies to your patient:

MRI within the last 12 months  Yes  No  
 Cardiac pacemaker  Yes  No  
 Brain aneurysm clip  Yes  No  
 Cochlear Implant  Yes  No  
 History of welding, grinding, sheet metal work  Yes  No  
 Eye injury caused by metal  Yes  No  
 Claustrophobic  Yes  No  
 Any metal implant  Yes  No  
*Please describe (include make & model if known):*

**Nuclear Medicine Patient Instructions (Alfred)**

**Cardiac Stress Test**

Instruction sheet given to patient  Yes  No  
 No Caffeine 24 hours prior to test  Yes  No  
 Patient weight ..... kg

**PET Scan**

Instructions given to patient  Yes  No  
 Fast from midnight prior to test  Yes  No  
 Is patient diabetic?  Yes  No  
 Is patient claustrophobic?  Yes  No  
 Patient weight ..... kg      height ..... cm

MRN: \_\_\_\_\_

Appt Date: \_\_\_\_\_

Appt Time: \_\_\_\_\_

**Obstetric exams and children below the age of 15 must be seen at Sandringham.**

Hospital	Address	Phone	Fax	General X-Ray	CT	Ultrasound	MRI	Mammography	OPG	Angiography	Fluoroscopy	DEXA	Paediatric Imaging	Obstetric Imaging	Nuclear Medicine, PET, cardiac stress	Exercise Stress Echocardiogram	2D- Echocardiogram and Doppler Study
Alfred Radiology	Alfred Hospital, Commercial Road, Melbourne, 3004	9076 0357	9076 0399	◆	◆	◆	◆	◆	◆	◆	◆	◆					
Sandringham Hospital Radiology	193 Bluff Road, Sandringham, 3191	9076 1411	9076 1413	◆	◆	◆				◆	◆		◆	◆		◆	◆
Alfred Nuclear Medicine	Alfred Hospital, Commercial Road, Prahran 3004	9076 2432	9076 2599												◆		