NEW MEDICAL IMAGING

ULTRASOUND | X-RAY | CT | OPG | CBCT | DEXA Bulk Billing AVAILABLE

Patient Details

Imaging Request

Clinical Details

Referring Doctor

☐ Copy to: _____

☐ Routine ☐ Phone report: _____

☐ Urgent ☐ Fax report: _____

☐ Films to return with patient

Doctor's Signature

Date of Referral

Appointment Details

Date:.....

Time:.....

☐ Vet Affairs ☐ Work Cover ☐ TAC

Female Patient

Is there a chance you might be pregnant?

◯ Y ◯ N ◯ N/A Patient's Signature: _____

CT Scanning

☐ Diabetes ☐ Metformin Treatment

Renal Function

Last eGFR _____ **Date** _____

OPENING HOURS

Monday - Friday	8.30am - 5.00pm
Saturday	9.00am - 2.00pm
Phone:	(03) 8899 7677
Fax:	(03) 8899 7655

SHOP 23 CRAIGIEBURN PLAZA
(Old Craigieburn Shopping Centre)
23/10 Craigieburn Road, Craigieburn VIC 3064

Patient Instructions

☐ **Upper Abdominal or Renal Doppler Ultrasound**
Please do not eat or drink for 6 hours prior to appointment

☐ **Obstetric/Pelvis/Renal/Prostate Ultrasound**
Please drink 1 litre of water 1 hour prior to appointment.
Do not empty bladder until appointment is completed.

☐ **CT Scan: Neck/Chest/Abdomen/Renal/Pelvis**
Please do not eat or drink for 4 hours prior to appointment.
Diabetic patients, please list all current medications.

☐ **CT Scan: All Other Examinations**
No preparation is required unless instructed otherwise.

☐ **Interventional Procedures**
Please contact us.

Your doctor has recommended that you use New Medical Imaging. You may choose another provider but please discuss this with your doctor first.