IMAGING/CONSULTATION REQUEST



PATIENT DETAIL		FOR OFFICE	
REQUIRED		I confirm that prior to the following process Patient ID & Proce Informed Consent Staff Initial Date	es were completed: dure Matching Process Obtained
EXAMINATION REQUIRED		FOR ALL EXAMINATION PREGNANT? If yes, I confirm that Radiologist consent was obtained with approval to proceed	NS USING RADIATION Yes No Yes No Yes No No
		Contrast Allergies	Yes No
S		Renal Disease	Yes No
NOTE		Diabetes Metformin Treatment	Yes No
ICAL		Blood Thinning Medication	Yes No
, CLIN		Pacemaker	Yes No
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E I		PDF1//QUO FOR	COMPARISON
REFERE		PREVIOUS FOR Previous of same are	
N FOR REFERE			
ASON FOR REFERE		Previous of same are Date of previous Exact Radiology	a Yes No Yes No Yes No
REASON FOR REFERRAL, CLINICAL NOTES	For IV contrast exams, recent creatinine level / eGFR:	Previous of same are Date of previous	a Yes No
REASON FOR REFERE	For IV contrast exams, recent creatinine level / eGFR:	Previous of same are Date of previous Exact Radiology Other	a Yes No Yes No Yes No
	For IV contrast exams, recent creatinine level / eGFR:	Previous of same are Date of previous Exact Radiology Other Where Report Attached	Yes No Yes No Yes No Yes No
	For IV contrast exams, recent creatinine level / eGFR:	Previous of same are Date of previous Exact Radiology Other Where Report Attached	Yes No Yes No Yes No Yes No Yes No Yes No
REFERRER DETAILS REASON FOR REFERE	For IV contrast exams, recent creatinine level / eGFR:	Previous of same are Date of previous Exact Radiology Other Where Report Attached	Yes No Yes No Yes No Yes No Yes No Yes No
	For IV contrast exams, recent creatinine level / eGFR: Signature* Date*	Previous of same are Date of previous Exact Radiology Other Where Report Attached	Yes No Yes No Yes No Yes No Yes No Yes No
REFERRER DETAILS		Previous of same are Date of previous Exact Radiology Other Where Report Attached Returning Date	Yes No Yes No Yes No Yes No Yes No Yes No

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.



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