



Patient Identification and Procedure Matching Process

Full Name Address DOB

Correct Procedure Yes No

Correct Side Yes No

Correct Site Yes No

Pregnant Yes No

Informed Consent Obtained

Justification and Approval Process

Tech Signature _____

Returning to Referrer

Date _____

Previous for Comparison

Previous of same area Yes No

Date of Previous _____

Exact Radiology Yes No

Other Yes No

Where _____

Report Attached Yes No

Films available upon request Yes No

Radiologists please dictate to typist if previous films are required for comparison



Scan to request an appointment online

Radiologists

- Dr Peter Dunn
- Dr Neelash Ratanjee
- Dr Manesh Ratanjee
- Dr Ravi Sidhu
- Dr Rohit Gupta
- Dr Sharon Miller
- Dr Fatima Ragab
- Dr Nagendra Singh
- Dr Melanie Lau

Director of Sonography

Dr Mark Stieler PhD

PATIENT DETAILS

COMPULSORY

Name* _____

Address* _____

Telephone* _____ DOB* _____

EXAMINATION REQUIRED

COMPULSORY

Please Tick Examination Required*

- | | | |
|---|--|---|
| <input type="checkbox"/> X-Ray | <input type="checkbox"/> Ultrasound Musculoskeletal | <input type="checkbox"/> Mammogram Diagnostic |
| <input type="checkbox"/> OPG | <input type="checkbox"/> Interventional Procedure | <input type="checkbox"/> Mammogram Screening |
| <input type="checkbox"/> Lateral Cephalogram | <input type="checkbox"/> CT Scan | <input type="checkbox"/> Mammogram and Ultrasound |
| <input type="checkbox"/> Bone Densitometry | <input type="checkbox"/> Angiography | <input type="checkbox"/> Breast Ultrasound Only |
| <input type="checkbox"/> Ultrasound (General) | <input type="checkbox"/> Echocardiography | <input type="checkbox"/> MRI Scan |
| <input type="checkbox"/> Ultrasound with Doppler/Vascular | <input type="checkbox"/> CT Coronary Angiography | <input type="checkbox"/> Nuclear Medicine Scan |
| <input type="checkbox"/> Elastography | <input type="checkbox"/> Coronary Artery Calcification Scoring | <input type="checkbox"/> PET Scan |

CLINICAL NOTES

COMPULSORY

REFERRING GENERAL PRACTITIONER DETAILS

COMPULSORY

Name* _____

Address* _____

Provider No.* _____ Mobile Phone* _____

COPIES TO

Date* _____

Account to: Medico-legal Workers Comp. Patient

PLEASE TICK IF

- Urgent report required
- Pregnant
- Previous exams performed
- Do not send to MyHealth Record
- Referral pads required

By ticking this box I agree to signing this document

Initials _____

Name _____

Email referral to: bookings@exactradiology.com.au

- X-RAY/OPG:** No appointment or preparation required.
- CT:** You will receive instructions before your appointment.
- ULTRASOUND ABDOMEN:** Fast for 8 hours, nothing to eat, drink, chew or smoke prior to appointment. Small sips of water and medication allowed.
- ULTRASOUND PELVIS/KUB & OBSTETRIC:** Must present with full bladder, we suggest drinking 1L of water to be completed 1 hour prior to appointment time. Further instructions to be provided.
- ECHOCARDIOGRAPHY:** No preparation.
- MAMMOGRAPHY:** Do not wear perfume, deodorant or powder before your exam. A two-piece outfit is preferred, as you will need to remove everything from the waist up.
- MRI:** As advised by booking clerk.

Appointment Date: _____ **Appointment Time:** _____

Preparation Notes: _____



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	Xray	Ultrasound	Nuchal Translucency	Echocardiography	Bone Density Study (BMD)	Mammography	Dental/OPG	Dentascans	CT	CT Virtual Colonoscopy	CT Calcification Scoring & Cardiac Angiography	Long Leg Imaging	Interventional Radiology & Pain Management	MRI
Chapel Hill	●	●	●	●	●	●	●	●	●		●		●	
Gatton	●	●		●			●	●	●				●	
Inala	●	●					●		●				●	
Ipswich (North)	●	●	●	●	●	●	●	●	●	●	●	●	●	
Ipswich (South)	●	●		●					●				●	●
Oxley	●	●		●			●		●				●	
Plainland	●	●							●					
Springfield Lakes	●	●	●	●			●	●	●		●		●	
Sunnybank	●	●		●					●				●	
Underwood	●	●	●	●	●	●	●	●	●				●	
Beenleigh	●	●					●		●					
Beaudesert	●	●					●	●	●					
Jimboomba	●	●					●		●					
Waterford West	●	●					●		●					



Exact Radiology
CLINICS

CHAPEL HILL: 636 Moggill Rd, Chapel Hill
Tel: 07 3115 9155 Fax: 07 3115 9188
Email: chapelhill@exactradiology.com.au

GATTON: 18 William St, Gatton
Tel: 07 5462 3211 Fax: 07 5462 3244
Email: gatton@exactradiology.com.au

INALA: 147 Inala Ave, Inala
Tel: 07 3372 1939 Fax: 07 3372 9562
Email: inala@exactradiology.com.au

IPSWICH (NORTH): Riverlink Shopping Centre, 2 The Terrace, North Ipswich
Tel: 07 3281 9051 Fax: 07 3281 9403
Email: ipswichnorth@exactradiology.com.au

IPSWICH (SOUTH): University of Southern Queensland, Building 5, 11 Salisbury Rd, Ipswich
Tel: 07 3894 9755 Fax: 07 3894 9788
Email: ipswichsouth@exactradiology.com.au

OXLEY: Canossa Private Hospital, 169 Seventeen Mile Rocks Rd, Oxley
Tel: 07 3375 9522 Fax: 07 3375 9344
Email: oxley@exactradiology.com.au

PLAINLAND: Shop 12 Plainland Plaza, 3 Gehrke Rd, Plainland
Tel: 07 5317 6050 Fax: 07 5317 6051
Email: plainland@exactradiology.com.au

SPRINGFIELD LAKES: Spring Lake Metro Shopping Centre, 1 Springfield Lakes Blvd, Springfield Lakes
Tel: 07 3436 0600 Fax: 07 3288 1688
Email: springfieldlakes@exactradiology.com.au

SUNNYBANK: 171 McCullough St, Sunnybank
Tel: 07 3330 6455 Fax: 07 3330 6488
Email: sunnybank@exactradiology.com.au

UNDERWOOD: 183 Kingston Rd, Underwood
Tel: 07 3219 8877 Fax: 07 3219 8811
Email: underwood@exactradiology.com.au



Exact express
CLINICS

EXACT EXPRESS BEENLEIGH
 151 George St, Beenleigh
Tel: 07 3804 7560 Fax: 07 3112 1903

EXACT EXPRESS BEAUDESERT
 Shop 1B, Beaudesert Fair Shopping Centre
 32-40 William St, Beaudesert
Tel: 07 5541 3280 Fax: 07 3112 1903

EXACT EXPRESS JIMBOOMBA
 Shop 18, 133 Brisbane St, Jimboomba
Tel: 07 5540 3053 Fax: 07 3112 1903

EXACT EXPRESS WATERFORD WEST
 Shop 1B, 44-50 Chambers Flat Rd, Waterford West
Tel: 07 3462 0251 Fax: 07 3112 1903