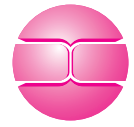


# IMAGING / CONSULTATION REQUEST



Exact Radiology  
CLINICS

PATIENT DETAILS

EXAMINATION REQUIRED

REASON FOR REFERRAL, CLINICAL NOTES

REFERRER DETAILS

## FOR OFFICE USE ONLY

### PRE-EXAMINATION CHECK

I confirm that prior to this examination the following processes were completed:

- Patient ID & Procedure Matching Process  
 Informed Consent Obtained

Staff Initial \_\_\_\_\_

Date \_\_\_\_\_

### FOR ALL EXAMINATIONS USING RADIATION

PREGNANT? Yes  No

If yes, I confirm that Radiologist consent was obtained with approval to proceed

Yes  No

### PREVIOUS FOR COMPARISON

Previous of same area Yes  No

Date of previous \_\_\_\_\_

Exact Radiology Yes  No

Other Yes  No

Where \_\_\_\_\_

Report Attached Yes  No

Returning to Referrer

Date \_\_\_\_\_

For IV contrast exams, recent creatinine level / eGFR:

Signature\*

Date\*

All reports and images are available electronically (via InteleRad and/or downloads). Please tick below for your additional requests

**REPORTS**  Urgent Results  Fax  Download  Phone  Film  Copy reports to:

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.

Referrals Forms Required

- 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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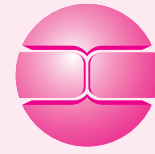
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Scan to request an appointment online

	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
<b>Gatton</b>	●	●		●			●		●				●	
<b>Plainland</b>	●	●							●					
<b>Ipswich (North)</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>Ipswich (South)</b>	●	●		●					●				●	●
<b>Springfield Lakes</b>	●	●	●	●			●	●	●		●		●	



# Exact Radiology

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2 The Terrace, North Ipswich

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**Email:** ipswich.north@exactradiology.com.au

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**Email:** ipswich.south@exactradiology.com.au

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Springfield Lakes

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