Exact Radiology
CLINICS

ALLIED HEALTH IMAGING REQUEST

PATIENT DETAILS

Name* **DOB***

Address*

Contact Number* ☐ Workers Comp

Medicare Number ☐ Third Party

EXAMINATION REQUESTED

FULL MEDICARE REBATE
Requested by Podiatrist

- ☐ X-Ray Foot L / R
- ☐ X-Ray Ankle L / R
- ☐ X-Ray Knee L / R
- ☐ X-Ray Lower Leg L / R
- ☐ US Mid/Forefoot L / R
- ☐ US Ankle/Hindfoot L / R
- ☐ US of Mass

FULL MEDICARE REBATE
Requested by Osteo & Physio

- ☐ X-Ray Cervical Spine
- ☐ X-Ray Thoracic Spine
- ☐ X-Ray Lumbar Spine
- ☐ X-Ray Sacrococcygeal
- ☐ X-Ray Hip
- ☐ X-Ray Pelvis

REDUCED MEDICARE REBATE
Requested by all Allied Health

- ☐ X-Ray Region (Other):
- ☐ Ultrasound Region:
- ☐ MRI (*no rebate*):
- ☐ Other Examination:

AREA TO BE EXAMINED & CLINICAL NOTES

☐ Allergies ☐ Urgent

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name* **Speciality***

Address* **Provider Number***

Contact Number* **Fax Number:**

*Must be completed

Signature* **Date***

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

☐ Referral Pads Required

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

PATIENT PREPARATION

- ☐ **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:

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
Gatton	●	●		●			●		●				●	
Plainland	●	●							●					
Ipswich (North)	●	●	●	●	●	●	●	●	●	●	●	●	●	
Ipswich (South)	●	●		●					●				●	●
Springfield Lakes	●	●	●	●			●	●	●		●		●	

Exact Radiology
CLINICS

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

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

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