



PATIENT DETAILS

Name* DOB*

Address*

Contact Number* Workers Comp

Medicare Number Third Party

EXAMINATION REQUESTED

- OPG
- Lat Ceph
- TMJ
- Sinuses
- Bone Age
- Other

AREA TO BE EXAMINED

Upper Jaw
 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28
 Lower Jaw
 48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38

AREA TO BE EXAMINED & CLINICAL NOTES

Allergies Urgent Pregnant: YES NO

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name* Specialty*

Address* Provider Number*

Contact Number* Fax Number:

*Must be completed

Signature* Date*

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

Referral Pads Required

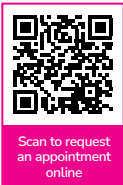
REPORTS Urgent Results Fax Download Phone Film Copy reports to:

- 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: _____



	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

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