

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.

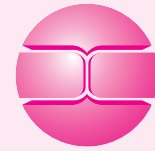
Appointment Date: _____ **Appointment Time:** _____

Preparation Notes: _____



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

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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