

Dr Antonio Pais
MBBS

Dr Chris Yu
BB A C

Dr Hans Van Der Wall
PHD ACP

Dr Alison Butt
General Practitioner
Dentist

PATIENT

Patient Name

Contact Details

Date of Birth

Medicare No

EXAMINATION

Examination Requested

Shoulder Ultrasound
evaluation of injury to tendon, muscle rotator cuff tear/calcification/tendinosis biceps subluxation, A/C joint pathology capsulitis and bursitis

Knee Ultrasound
abnormality of tendon or bursae meniscal/pop fossa cyst, mass nerve entrapment/tumour collateral ligament injury

Clinical Details

GP Requested MRI Only

MRI Brain – patient 16 years or older for:

- Unexplained seizure (s)
- Unexplained chronic headache with suspected intracranial pathology

MRI Spine – patient 16 years or older for suspected:

- Cervical radiculopathy
- Cervical spine trauma

MRI Knee – patient 16 years or older following acute knee trauma:

- Inability to extend the knee suggesting the possibility of acute meniscal tear or
- Clinical findings suggesting acute ACL tear

Contrast Allergy	No	Yes
Renal Compromise	No	Yes
Metformin	No	Yes
Pregnant	No	Yes
Creatinine		
eGFR	Date	

OFFICE USE ONLY

- TAKE
- COLLECT
- DELIVER

Name
DOB
Exam
Side
Initials

REFERRER

Referred By

Contact Details

Provider Number

Signature

Date

Copy to

CitiScan is committed to sustainability.



A CD ONLY will be provided for CT and MRI studies. Films will only be provided upon request.

Please supply films

Report

- Fax
- Electronic Delivery

Referral Pad Re-order

- A5 (manual)
- A4 (for printer)



Your Appointment

Date _____ Time _____

Preparation

Please bring this request form and any previous films to your appointment.
 If you are unable to keep this appointment, kindly give 24 hours notice.

Patient preparation

At the time of scheduling your appointment, our booking consultant will advise you whether there is any specific preparation required for your examination.

Disorders, allergies and/ or medications

Before your scan, please advise our staff of any allergies or disorders that may affect your examination. Also, please let our staff know if you take any medication that may be relevant to your examination, for example diabetes or blood thinning medication.

Services

Digital Radiography
 General X-ray

Bone Mineral Density
 Body Composition Analysis

Low Dose Multi-slice CT
 General CT
 CT Angiography
 CT Coronary Angiography
 CT Coronary Calcium Score
 CT Guided Injections

Ultrasound
 General Ultrasound
 Musculoskeletal Ultrasound
 Paediatric Ultrasound
 Obstetric Ultrasound
 Vascular Ultrasound
 Ultrasound Guided Injections and Biopsies

Nuclear Medicine
 Bone Scan
 Biliary Function Scan
 Gastric Emptying Study Gastroesophageal Reflux Test
 Lung Perfusion Scan
 MAG3 Renal Scan
 Myocardial Perfusion Scan
 Parathyroid Scan
 Thyroid Scan

MRI
 Abdominal
 Arthrogram
 Breast
 Musculoskeletal
 Neurological
 Paediatric TMJ's

Dental
 OPG
 Lateral Cephalometry
 CT Cone Beam
 CT Dentascan



Your practitioner has recommended you attend **CitiScan Radiology**.
 You may choose another provider but please discuss this with your practitioner first.