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Oral-Maxillofacial
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BDS, DClinDent (DMFR)

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

Report

Fax
Electronic Delivery

Referral Pad Re-order

A5 (manual)
A4 (for printer)

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



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 Dentascans



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