

- Referral
- Medicare Card
- Pension/HC Card
- WC/Ins details
- Old Films

Appointment Details

Appointment Time _____ Date _____
 Branch _____
 Address _____

Patient

Name _____ Date of Birth _____
 Address _____ Telephone (H) _____
 Telephone (B) _____
 Med No. _____

Request For

Clinical Details

- Attention Radiologist _____
- BMD and correlating xrays if required.
- If contrast is required, recent creatinine/eGFR _____
- U/S guided cannulation for CT/MRI

Referring Doctor Details

Results

- Tel Report (No. _____)
- Fax Report (No. _____)
- CD & Report (No films)
- Report only (No films)

Copies To

Date

Doctor Signature

For patient preparation, please see over and refer to our website

If you would like to be setup for Radview to receive your images on your computer or smart phone please phone (08) 8402 0241

OPT TO GO FILMLESS 
 Please consider the environment

All images are digitally stored for future online access or printing if required.

GP MRIs for patients 16 years and over (please tick if applicable):

- | | |
|---|--|
| <p>MRI Head</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unexplained seizures or chronic headache with suspected intracranial pathology <p>MRI Cervical Spine</p> <ul style="list-style-type: none"> <input type="checkbox"/> For cervical radiculopathy <input type="checkbox"/> For cervical spine trauma | <p>MRI Knee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Following acute trauma for patients with inability to extend the knee suggesting the possibility of acute meniscal tear <input type="checkbox"/> Following acute trauma for patients with clinical finding suggesting acute anterior cruciate ligament tear |
|---|--|

GP MRIs for patients under 16 years (please tick if applicable):

- | | |
|---|---|
| <p>MRI Spine</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral for a scan of spine following radiographic examination for significant trauma <input type="checkbox"/> Referral for a scan of spine following radiographic examination for unexplained neck or back pain with associated neurological signs <input type="checkbox"/> Referral for a scan of spine following radiographic examination for unexplained back pain where significant pathology is suspected <p>MRI Head</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral for a scan of head for unexplained seizure(s) <input type="checkbox"/> Referral for a scan of head for unexplained headache where significant pathology is suspected <input type="checkbox"/> Referral for a scan of head for paranasal sinus pathology, which has not responded to conservative therapy <p>MRI Elbow</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral for a scan of elbow following radiographic examination where a significant fracture or avulsion injury is suspected that will change management | <p>MRI Hip</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral for a scan of hip following radiographic examination for suspected septic arthritis <input type="checkbox"/> Referral for a scan of hip following radiographic examination for suspected slipped capital femoral epiphysis <input type="checkbox"/> Referral for a scan of hip following radiographic examination for suspected Perthes disease <p>MRI Knee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral for a scan of knee following radiographic examination for internal joint derangement <p>MRI Wrist</p> <ul style="list-style-type: none"> <input type="checkbox"/> Referral for a scan of wrist following radiographic examination where scaphoid fracture is suspected |
|---|---|

Enquiries: (08) 8402 0200
Toll Free: 1 300 732 270

F: (08) 8402 0247
E: radiologysa@radiologysa.com.au
PO Box 1072, North Adelaide SA 5006

Radiologists:	Dr Geake	Dr Lorraine	Dr Sandhu	Nuclear Specialists:
Dr Chan	Dr Hall	Dr Mosel	Dr Sykes	Dr Averbuj
Dr Cooper	Dr Kat	Dr Pathi	Dr Whisson	Dr Cehic
Dr Croser	Dr King	Dr Prowse	Dr Wilks	Dr Chew
Dr Drogemuller	Dr Kookana	Dr Rice		Dr Cooper
Dr Fon	Dr Koukourou	Dr Saloniklis		Dr Hall

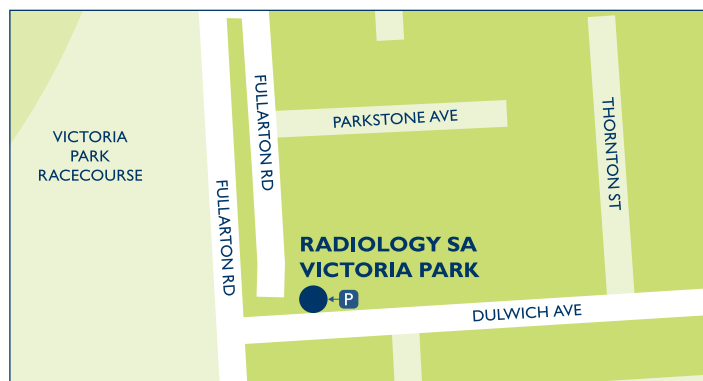
For bookings and appointments please contact clinics below			X-Ray	Ultrasound	CT Multislice	Musculoskeletal Imaging	Nuclear Medicine	OPG	Digital Angiography	MRI	Bone Densitometry	Mammography	Fluoroscopy
<input type="checkbox"/>	Calvary Central Districts Hospital* 25-37 Jarvis Road, Elizabeth Vale	T: (08) 8402 0202 F: (08) 8402 0210	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<input type="checkbox"/>	Calvary North Adelaide Hospital 89 Strangways Terrace, North Adelaide	T: (08) 8402 0262 F: (08) 8402 0272	✓	✓	✓	✓	✓	✓			✓	✓	✓
<input type="checkbox"/>	Marion Medical Centre* 199 Sturt Road, Seacombe Gardens	T: (08) 8402 0235 F: (08) 8402 0236	✓	✓	✓	✓		✓			✓	✓	
<input type="checkbox"/>	Memorial Hospital* (open until 8pm weeknights) Sir Edwin Smith Avenue, North Adelaide	T: (08) 8402 0282 F: (08) 8402 0292	✓	✓	✓	✓			✓	✓			✓
<input type="checkbox"/>	North Eastern Community Hospital* Heading Avenue, Campbelltown	T: (08) 8402 0212 F: (08) 8402 0220	✓	✓	✓	✓		✓			✓	✓	✓
<input type="checkbox"/>	Port Adelaide Clinic* 268-280 Commercial Road, Port Adelaide	T: (08) 8402 0223 F: (08) 8402 0229	✓	✓	✓	✓		✓				✓	
<input type="checkbox"/>	Victoria Park – Dulwich 170 Fullarton Road, Dulwich (opposite Victoria Park racecourse)	T: (08) 8402 0299 F: (08) 8402 0297	✓	✓	✓	✓		✓		✓		✓	✓
<input type="checkbox"/>	Stirling Hospital 20 Milan Terrace, Stirling	T: (08) 8402 0233 F: (08) 8402 0239	✓	✓	✓	✓		✓				✓	

* Open Saturday morning

New Radiology SA Locations



Port Adelaide T: (08) 8402 0223
new address as of January 2016: 268-280 Commercial Road, Port Adelaide



Victoria Park – Dulwich T: (08) 8402 0299
170 Fullarton Road, Dulwich (Parking off Dulwich Ave)

Patient Preparation

Barium Swallow, Barium Follow Through or Barium Meal:

Do not have anything to eat or drink for six hours before your appointment.

Barium Enema/Virtual Colonography:

A cleansing kit is required. Instructions will be given at the time of booking.

CT Abdomen:

Please only have fluids for 4 hours prior to your appointment.

CT Chest:

Please only have fluids for 4 hours prior to your appointment.

MRI:

No preparation is required. You will be asked to complete a safety questionnaire on arrival.

Mammography:

Do not use talcum powder or deodorant on the day of your appointment. Please wear a two-piece outfit.

Facet Joint or Nerve Root Injection:

No preparation required unless your doctor has arranged sedation.

Upper Abdominal Ultrasound:

Do not eat, drink or smoke for six hours before your appointment.

Pelvic, Renal, Obstetric Ultrasound:

A full bladder is required. Drink 1 litre of water finishing at least 1 hour before your appointment. Do not empty your bladder.

Nuclear Medicine:

Details will be available when making your appointment.

Your doctor has recommended that you use RadiologySA. You may choose another provider however it is important to discuss this with your doctor first.