

Patient Details (Patient Name, DOB, Address)

Patient Contact Number

Examination Required

Clinical Notes

Referrer Details

Signature:

Date:

X-Ray

☐ General _____

☐ OPG ☐ LAT-CEPH _____

Ultrasound

☐ General _____

☐ Doppler _____

Dual Source CT

☐ CT _____

☐ CT Angiogram _____

☐ CT Coronary Angiography

☐ CT Dentascans

☐ CT Cholangiogram

☐ CT Arthrogram _____

Dual Energy Functional CT

☐ Metal artefact reduction

☐ Renal stone characterisation

☐ Pulmonary angiogram with lung perfusion

☐ Gout scan for uric acid crystals

Intervention

☐ _____

Nuclear Medicine +/- SPECT/CT

☐ Myocardial Perfusion Scan (MIBI)

☐ Bone Scan

☐ Renal Scan

☐ HIDA Scan

☐ Parathyroid Scan

☐ Thyroid Scan

☐ Gallium Scan

☐ Red Cell Scan

☐ V/Q Scan

☐ GIT Transit study

☐ DEXA (12306, 12312, 12315, 12321, 12323)

☐ DEXA Whole Body Composition

☐ Other _____

MRI (Wide Bore)

For GPs

☐ MRI _____

Adults 16 and over

☐ Head

☐ Knee

☐ C spine

☐ PIP Implant

Children under 16

☐ Head

☐ Wrist

☐ Spine

☐ Hip

☐ Elbow

☐ Knee

For Specialists

☐ MRI _____

☐ PIP Implant

☐ Rectal Ca

☐ Breast

☐ Cervical Ca

☐ Fax Report

☐ More Pads

☐ Electronic Report

☐ Hard copies not required
(Online Access Available)

WWW.SUPERSCAN.COM.AU

Parramatta

50 O'Connell St.

Parramatta NSW 2150

Phone: **(02) 9683 5333**

Fax: **(02) 9683 5111**

Fairfield Heights

247 The Boulevarde

Fairfield Heights NSW 2165

Phone: **(02) 9609 5115**

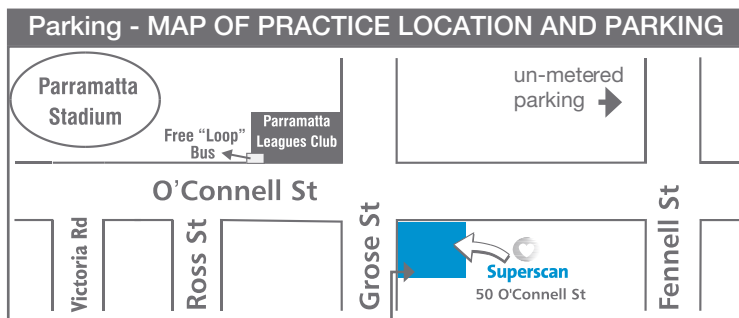
Fax: **(02) 9604 2545**



All Examinations eligible for a Medicare rebate will be Bulk Billed*

Whilst you are entitled to take this request form to another imaging provider, it would be advisable to respect your Doctor's wishes and have your scan performed at Superscan. This will ensure you get scanned on new top of the line equipment and experience an outstanding imaging service.

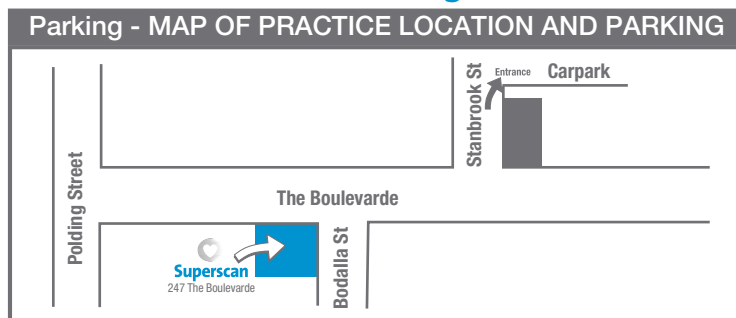
Parramatta



Parramatta

Ground Floor
50 O'Connell St
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Fax: 9683 5111

Fairfield Heights



Fairfield Heights

247 The Bouvarde
Ph: 9609 5115
Fax: 9604 2545

PLEASE BRING ALL PREVIOUS X-RAYS AND SCANS PRIOR TO EXAMINATION

Preparation for scans

ULTRASOUND

Ultrasound Abdomen

Nothing to eat, drink, smoke or chew gum for 8 hours before test. Under 6yrs old, no prep required.

Ultrasound - Renal Kidneys and Bladder, Obstetric and Pelvic.

Empty bladder 1.5 hours before appointment and then drink 1 litre of water in the next 30min. A full bladder is required for this study. Under 6yrs old, 2 glasses 30 minutes before ultrasound

CT DUAL SOURCE

CT Spine and Extremities

No preparation required

CT Angiography, CT Coronary Angiography, CT Chest, Brain, Neck, Abdomen and Pelvis

Fast for 3 hours prior to appointment time.

DEXA

It's beneficial to drink 1 glass of water every hour whilst fasting. Please call if a recent bone scan or barium study has been performed.

NUCLEAR MEDICINE

Myocardial Perfusion Scan

No caffeine (eg. Coffee, tea, chocolate and coca cola) 24 hours prior to study.

Exercise patients to wear comfortable clothes. Fast from midnight.

Parathyroid Scan, Gallium Scan

Bone Scan, Lymphoscintigraphy

No preparation

Thyroid Scan

No preparation required. Avoid Iodine contrast agent prior to study.

Captopril DTPA

Call for advice

DMSA/DTPA Renal Scan

Well hydrated. If adult drink 500ml of water in 2 hours before the test.

MRI (Wide Bore)

Please call for appointment and instructions

*excluding obstetric ultrasound for foetal age beyond 17 weeks.

Appointment time _____ Date _____