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Patient Details

Name

Contact Details

Date of Birth

Medicare No

Examination Requested

Clinical Details

Referred By

Contact Details

Provider Number

Office use only			
Name	<input type="checkbox"/>	Body part	<input type="checkbox"/>
DOB	<input type="checkbox"/>	Initial	

Signature _____ Date _____

Report and films Fax Electronic download Return with patient
Referral pad reorder A4 (computerised) A5 (manual)

Your doctor has recommended that you use Lime Radiology. You may choose another provider but please discuss this with your doctor.

Appointment Date

Appointment Time

am
pm

Preparation Notes

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

GENERAL RADIOGRAPHY

General X-rays
 Long spine radiographs

MULTISLICE CT

General CT
(including multiplanar & 3D reconstructions)
 CT angiography
(excluding Coronary Angiography)
 CT pelvimetry
 CT lower limb measurements
 CT guided facet or nerve root injections
 CT dentascan

ULTRASOUND

General ultrasound
 Vascular ultrasound
Peripheral arteries
Renal arteries
Mesenteric arteries
Carotid duplex scanning
Venous studies including CVI mapping
 Obstetric ultrasound
1st trimester
Nuchal Translucency Assessment
Morphology scans
3D foetal ultrasound
3rd trimester
 Musculoskeletal ultrasound
(including ultrasound guided injections)
 Ultrasound guided biopsies
 Echocardiography

NUCLEAR MEDICINE

General Nuclear Medicine
 Myocardial perfusion studies
 Sentinel node studies
 I-131 (non-oncology) therapy

BREAST IMAGING

Digital mammography
 Breast ultrasound
 Ultrasound guided biopsies
 Ultrasound or mammography guided localisations
 Stereotactic biopsies and localisations

BMD

OPG

Digital OPG
 Lateral cephalograms

