

## Patient Details

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Contact Details \_\_\_\_\_ Medicare No \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> X-Ray            | <input type="checkbox"/> Mammography               |
| <input type="checkbox"/> CT               | <input type="checkbox"/> Breast Ultrasound         |
| <input type="checkbox"/> Ultrasound       | <input type="checkbox"/> Bone Mineral Densitometry |
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Injection                 |
| <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Biopsy                    |
| <input type="checkbox"/> OPG              | <input type="checkbox"/> Other                     |

## Body Part / Examination

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Clinical History / Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contrast allergy  No  Yes      Pregnant  No  Yes  
Renal compromise  No  Yes      Creatinine \_\_\_\_\_  
Metformin  No  Yes      eGFR \_\_\_\_\_ Date \_\_\_\_\_

## Referred By

\_\_\_\_\_

## Contact Details

\_\_\_\_\_

## Provider Number

\_\_\_\_\_

## Signature

Date \_\_\_\_\_

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

