NORTH SHORE RADIOLOGY & NUCLEAR MEDICINE

IMAGING REQUEST

DATE OF BIRTH

LOCATIONS

NAME:

North Shore Radiology & Nuclear Medicine North Shore Health Hub

Ground Floor 7 Westbourne Street, St Leonards NSW 2065

North Shore Radiology & Nuclear Medicine North Shore Private Hospital

Ground Floor 3 Westbourne Street, St Leonards NSW 2065

North Shore Radiology & Nuclear Medicine @ Lane Cove 100 Longueville Road,

Lane Cove NSW 2066

Ph: 02 9170 4500 Fax: 02 9170 4577

PRACTICE PROCEDURE LIST

3T & 1.5T MRI

256 Slice CT

PET/CT

Angiography

Cardiac Imaging

Image Guided Biopsy

MSK Injections

Nuclear Medicine

Fine Needle Biopsy

Breast Imaging - including 3D tomography

Paediatric Imaging

OPG

Ultrasound

Doppler

Bone Densitometry

MSK Imaging

Interventional Procedures

Oncological Imaging

Please bring all relevant films with this request to your appointment

| PATIEN | ADDRESS: | POSTCODE: | TEL: |
|----------------|---|--|-----------------------|
| | PEN/HCC/DVA/W. Comp No.: | M'CARE No.: | |
| REQUIRED | | | |
| CLINICAL NOTES | | | |
| | Is there any possibility the patient is pregnant? | | |
| | Yes No Signature: | Patients requiring IV contrast - recent Cre | atinine level |
| TING DR | Yes No Signature: PLEASE PRINT NAME: ADDRESS: | Patients requiring IV contrast - recent Cre | Radiographer Initials |
| REQUESTING DR | PLEASE PRINT NAME: | DATE: | Radiographer Initials |
| REQUESTING DR | PLEASE PRINT NAME: ADDRESS: PROVIDER NUMBER: SIGNATURE: | DATE: archived on site and available to view of the second secon | Radiographer Initials |
| REQUESTING DR | PLEASE PRINT NAME: ADDRESS: PROVIDER NUMBER: SIGNATURE: Please indicate if you no longer require films. Images are Radiologists: Drs Steven Blome, David Brazier, Andrew Sarah Choi, James Christie, Albert Goh, Brett Lurie, Rich. John Makeham, Georgina Mann, Anna McNaught, Anne McRichard Perry, Ranjani Reddy, Marian Roberts, Lucian Ronder Muclear Medicine Physicians: Drs Elizabeth Bernard | DATE: archived on site and available to view of the work of the wo | Radiographer Initials |

Please ring for an appointment and any special instructions. You may wish to note your appointment details below: Your results will be sent electronically to your doctor, who will then advise you of your results.

| Appointment Date | Time | Location: North Shore Private Hospital |
|------------------|------|---|
| | | Lane Cove |
| Preparation | | North Shore Health Hub |
| Estimate: \$ | | (Accounts to be settled on the day of examination). |

You will be advised by our staff if you require preparation and if relevant images are required for your appointment. Please arrive **15 minutes** prior to your appointment for registration, unless otherwise stated at the time of the booking. Allow sufficient time for parking.



Our Site Locations:

North Shore Radiology & Nuclear Medicine

North Shore Health Hub - Ground Floor, 7 Westbourne Street, St Leonards NSW 2065

Parking information:

Parking is available underneath the North Shore Health Hub, located to the right of the Health Hub's entrance as shown on map.

North Shore Radiology & Nuclear Medicine

North Shore Private Hospital - Ground Floor, 3 Westbourne Street, St Leonards NSW 2065

Parking information:

Parking is available at the multi-storey parks marked as P1 & P2 on the map, metered street parking is also available on Westbourne Street.



North Shore Radiology & Nuclear Medicine @ Lane Cove

100 Longueville Road, Lane Cove NSW 2066

Parking Information:

Public Council Carpark at 5 Little Street, Lane Cove Street parking also available.

Ph: (02) 9170 4500 Fax: (02) 9170 4577

For more information regarding North Shore Radiology and Nuclear Medicine practices please visit our website:

www.northshoreradiology.com.au

CT Patient Preparation

 CT Chest/Abdomen/Pelvis or Abdomen/Pelvis or CT Chest or CT Angiography:-

No solids for 2 hrs prior to appointment **and** drink 1 litre of water starting 1 hour before appointment. You do not need to hold the water.

- CT Brain/Sinuses/Limb Length/Spine/Extremity:-No preparation required.
- CT Cholangiogram:-

Fast 8hrs and arrive an hour early as per instructions at the time of booking.

· CT Colonography:-

One of two preparations is required (to be decided at time of booking).

• CT Coronary CT:-

Please ask for instructions when making your booking.

Ultrasound Patient Preparation

- Ultrasound of Upper Abdomen, Biliary tree, Gallbladder, Liver, Pancreas and Aorta:-
 - Please fast 6 hours prior to appointment. Continue normal medication with a small sip of water.
- Ultrasound of Kidneys, Bladder, Urinary tract, Prostate and Renal system:-

One and a half hours prior to appointment time, drink one litre of water, finishing 1 hour prior to appointment.

Arrive with a full bladder. Paediatric preparation varies; please ask when making the booking.

• Female/Male Pelvic and Pregnancy Ultrasound:-

One and a half hours prior to appointment time, drink one litre of water, finishing 1 hour prior to appointment.

Arrive with a full bladder.