



Patient

Book online  
[i-med.com.au](http://i-med.com.au)



Examination required

PLEASE BRING PREVIOUS FILMS FOR COMPARISON

IV Contrast Alert

Contrast Allergy  Yes  No

Renal Disease  Yes  No

Diabetes Metformin treatment  Yes  No

Creatinine level: .....  
eGFR: .....  
Date: .....

Clinical notes

**MRI**  
Indicate whether the following applies to your patient.

History of welding, grinding, sheet metal work  Yes  No

Cardiac pacemaker  Yes  No

Brain aneurysm clip  Yes  No

Cochlear implant  Yes  No

Intravascular coils, filters, stents  Yes  No

Obstetric Ultrasound Previous Uterine surgery/Instrumentation  Yes  No

Number: .....  
Date LMP: .....

Patient should sign in I-MED clinic when they attend the appointment

Are you the Assignor:  Yes  No

I assign my right to benefits to the diagnostic imaging provider who will render the requested diagnostic imaging service/s and any eligible determinable service/s.

Signature

Date

Referring Doctor (Please include provider no. and CC Dr.)

**Staff use only:**  
Time out section - tick to complete:

Correct patient verified

Correct procedure, side & site

Correct patient data

Patient consented and form signed

Signature

Date

Films and report

With patient  Fax  Email  Request for new referral pads

Your doctor has recommended you use I-MED Radiology. You may choose another provider but please discuss this with your doctor first.