



I-MED Radiology Network

Comprehensive care. Uncompromising quality.

Patient

Scan the QR code to book an appointment or book online at i-med.com.au/book-appointment



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:

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 & Report

With patient Fax Request for new referral pads

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