



LIFE MEDICAL IMAGING
BATEAU BAY

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Bateau Bay NSW 2261
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Chiropractic Imaging Request

Patient Details

PATIENT

Name

Address

Contact Numbers

Date of Birth

Medicare No

Examination Requested

EXAMINATION

- | | | |
|---|--|---|
| <input type="checkbox"/> Full Spine Series | ▶ <input type="checkbox"/> AP Cervical - Thoracic - Lumbar | <input type="checkbox"/> AP Cervical - Thoracic - Lumbar & Pelvis 36 Film |
| <input type="checkbox"/> Thoracic Spine | ▶ <input type="checkbox"/> AP Thoracic | <input type="checkbox"/> Lateral Thoracic |
| <input type="checkbox"/> Cervical Spine | ▶ <input type="checkbox"/> AP Cervical | <input type="checkbox"/> AP Atlanto - Axial (APOM) |
| | ▶ <input type="checkbox"/> Lateral - Flexion / Extension | <input type="checkbox"/> Lateral Neutral |
| | | <input type="checkbox"/> Oblique Views |
| | | <input type="checkbox"/> Lateral Cervico Thoracic Jct |
| <input type="checkbox"/> Lumbar / Pelvic Series | ▶ <input type="checkbox"/> AP Lumbar | <input type="checkbox"/> Lateral Neutral |
| | ▶ <input type="checkbox"/> Lateral L5 / S1 | <input type="checkbox"/> Lateral - Flexion / Extension |
| | ▶ <input type="checkbox"/> AP Lumbo - Pelvic | <input type="checkbox"/> Oblique Views |
| | | <input type="checkbox"/> Sacro - Iliac Joints |
| | | <input type="checkbox"/> Lateral Lumbar + Coccyx |
| <input type="checkbox"/> Other | | |

Examination Requested / Clinical History

Referred By

REFERRER

Name

Provider No

Address

Telephone

Facsimile

Signature

Date

Report Delivery

- ☐ Fax
☐ Electronic Delivery

Films

- ☐ Return with Patient
☐ Electronic Delivery

Referral Pad Re-order

- ☐ A5 (manual)
☐ A4 (for printer)

☐ Please tick for printed images
All images are available on-line
only unless otherwise requested

I, _____ hereby give permission to Life Medical Imaging to release my report/s & images from this examination to medical practitioners / hospitals & in cases of workers compensation, the insurance company for reference & continuation of care as required.

Patient / Guardian Signature: _____ Date: _____

Your doctor has recommended that you use Life Medical Imaging.
You may choose another provider but please discuss this with your doctor first.

Dr John Pereira • Dr Arnold Kang • Dr Glenn McNally • Dr Adam Gardiner

www.lifeimaging.com.au

Patient Information

1 How to book



FOLLOW 2 SIMPLE STEPS TO GET A CALL BACK!

1. Take a photo of the front page
2. Send it via **SMS** to **0417 714 282**.
Done! We will contact you shortly.

OR



02 4326 7000



bookings@lifeimaging.com.au



www.lifeimaging.com.au/bookings

Please send through your MRI referral prior to making an appointment.

2 Your Appointment

Date: _____ Appointment time: _____
Please arrive 15 minutes prior to your appointment time

Preparation: _____

For preparation please refer to lifeimaging.com.au

3 Whats important?

General X-Ray I OPG

No appointment needed. Please attend one of our clinics during office hours. All medicare eligible X-Rays are **Bulk Billed**.

Ultrasound

Please make an appointment. Preparation prior to examination may be required. All medicare eligible examinations are **Bulk Billed**.*

*Except for Cardiac CT, Vascular and Obstetric Ultrasound.

Interventional/Procedures

Please make an appointment. Preparation may be required prior to examination. Fees may apply.

Bone Densitometry | Dental

Please make an appointment. Preparation may be required prior to examination. Fees may apply.

Patient Preparation

X-Ray & Dental Imaging

- A basic X-ray does not require any special preparation. Metal objects such as watches, keys & jewellery may need to be removed.

Ultrasound (Abdomen)

- Nothing to eat, drink, smoke & no chewing gum for 8 hours before the test.
- Under 6yrs old, no preparation required. Medication & sips of water allowed.

Ultrasound (Renal, Pelvis, Obstetrics)

- Fast for up to 8 hours (RENAL ONLY).
- Empty your bladder 1 1/2 hours prior to your appointment. Then drink 3 glasses of water in the next 1/2 hour - do not empty your bladder until after your ultrasound.
- Children under 6yrs old, drink 2 glasses of water 30 minutes before ultrasound & hold.

CT Scan

Abdomen, pelvis (liver, pancreas, adrenal glands, spleen, bowel) & KUB (kidney, ureters & bladder):

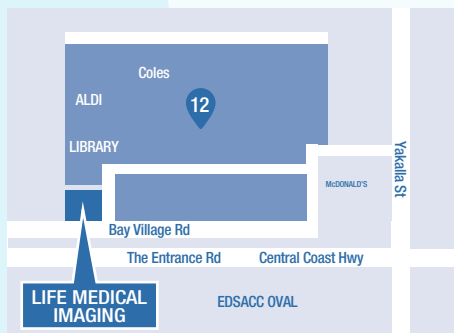
- Nothing to eat for 4 hours prior to appointment
- Arrive 1 hour prior to appointment to drink oral contrast solution (necessary for coating/highlighting the stomach & bowel)
- Brain/head, soft tissue neck & chest:
- Nothing to eat for 4 hours prior to appointment

Angiogram:

- Nothing to eat for 4 hours prior to appointment

Spine, extremities & sinuses:

- No preparation



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