



Imaging Request

Health For Life

Patient Details

PATIENT

Name

Address

Contact Numbers

Date of Birth

Medicare No

Examination Requested

EXAMINATION

- | | | |
|--|--|--|
| <input type="checkbox"/> 1st trimester / dating | <input type="checkbox"/> Non Invasive Prenatal Testing | <input type="checkbox"/> 3rd trimester growth / well being / Doppler |
| <input type="checkbox"/> 8-10 week assessment & genetic counselling | <input type="checkbox"/> 12-14 week early anatomy assessment | <input type="checkbox"/> Amniocentesis / CVS |
| <input type="checkbox"/> Nuchal translucency (including Serum Screening) | <input type="checkbox"/> 2nd Trimester / morphology | <input type="checkbox"/> Tubal Patency Assessment (HY-CO-SY) |
| <input type="checkbox"/> Sonohysterogram | <input type="checkbox"/> BMD | <input type="checkbox"/> Acute early pregnancy assessment service |
| <input type="checkbox"/> Gynaecologic | <input type="checkbox"/> Mammography | |
| <input type="checkbox"/> Other: Pelvic floor function / Urinary tract & upper abdomen / Assessment of possible deep infiltrating endometriosis | | |

Examination Requested / Clinical History

Referred By

REFERRER

Name

Provider No

Address

Telephone

Facsimile

Signature

Date

Report Delivery

Films

Referral Pad Re-order

- | | | |
|--|--|---|
| <input type="checkbox"/> Fax | <input type="checkbox"/> Return with Patient | <input type="checkbox"/> A5 (manual) |
| <input type="checkbox"/> Electronic Delivery | <input type="checkbox"/> Electronic Delivery | <input type="checkbox"/> A4 (for printer) |

Image eAccess:
<https://img.lifeimaging.com.au>

Electronic results can be delivered securely to you by HealthLink. Alternatively please enquire with us for an account on our secured webserver for access to patient images and results

PATIENT

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 Glenn McNally MBBS FRCOG DDU COGU FAICD | Dr Adam Gardiner MBBS FRANZCOG DDU

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):

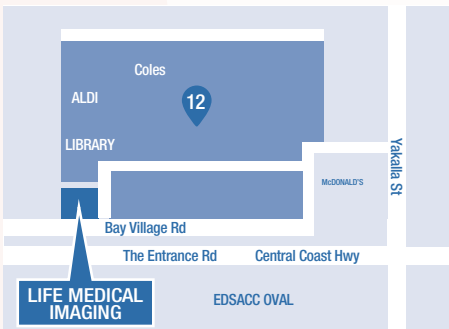
- Nothing to eat for 4 hours prior to appointment
- Arrive 1 hour prior to appointment to drink oral contrast solution (necessary for coating/highlighting the stomach & bowel)
- Brain/head, soft tissue neck & chest:
- Nothing to eat for 4 hours prior to appointment

Angiogram:

- Nothing to eat for 4 hours prior to appointment

Spine, extremities & sinuses:

- No preparation
- For Obstetric and Gynaecologic examinations, please drink 3 glasses of water (600ml) one hour prior to your appointment.
- For upper abdominal examinations it is necessary to be fasting. Please do not eat, drink or smoke after midnight the night before and request a morning appointment.
- Examination of other regions requires no special preparations.



LIFE WOMEN'S IMAGING
BATEAU BAY

T 02 4326 7000

F 02 4326 7077

**A P4/12 Bay Village Rd
Bateau Bay NSW 2261**

E info@lifeimaging.com.au

W www.lifeimaging.com.au