

Western Health Medical Imaging

Western Hospital Footscray: **03 8345 6234**
 Williamstown Hospital: **03 9393 0202**
 Sunshine Hospital: **03 8345 1664**
Hours: Mon-Fri 8am-5pm

UR _____

Patient's Name _____

DOB ____/____/____ Phone _____

Address _____

Medicare No _____

REFERRAL SOURCE

OPD
 Private Rooms
 BULK BILLING

PATIENT STATUS

WCA
 TAC
 DVA

PATIENT LOCATION

WD
 ED
 OPD

WARD/BED

OFFICE USE

Appointment
 ____/____/____
 Time _____
 Radiographer _____
 Radiologist _____

Examination

XRAY DSA
 Fluoroscopy OPG
 CT Nuclear Medicine
 U/S Mammography

VRE MRSA **Beta HCG** Positive Negative
Renal Function Normal Abnormal

walk O2
 W/C IV
 bed mobile

Clinical Notes

ALLERGY YES NO
 SPECIFY _____

FOR RADIOGRAPHER USE ONLY

Is there a chance the patient may be pregnant?
 YES NO
 Date of last LMP:
 ____/____/____
 Sign: _____

Requesting Dr. _____

Provider No. _____

Address _____

Signature _____

Item 680512 Revised 05/11

Copy to _____

Phone/Mobile _____ **Pager #** _____

Fax _____

Date ____/____/____



Western Health

Western Health Medical Imaging

Angiography

Nothing to eat or drink for 4 hours before examination.

Biopsy

Nothing to eat or drink for 4 hours before examination.
Recent blood clotting profile required.

Barium meal and/or swallow

Nothing to eat or drink for 8 hours before examination.

CT scan

Ring for appointment.

IVP & barium enema

Ring for appointment and preparation kit.

Mammography

Ring for appointment. No talc or deodorant may be used.

Ultrasound upper abdomen

Nothing to eat or drink for 8 hours before examination.

Ultrasound lower abdomen

Arrive with moderately (comfortably) full bladder.

MRI

Contact MRI Department for referral form.
Completed requested fax to:

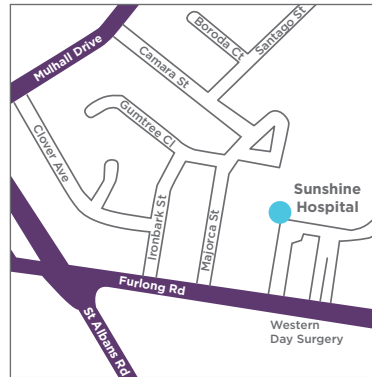
WH MRI - 8345 6933 SH MRI - 8345 1620

Nuclear medicine

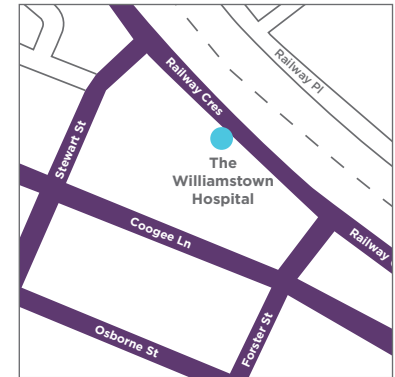
Ring for appointment.



Western Hospital
Gordon Street Footscray
Phone: 03 8345 6234
Fax: 03 8345 6325



Sunshine Hospital
176 Furlong Road St Albans
Phone: 03 8345 1664
Fax: 03 8345 1665



Williamstown Hospital
Railway Crescent Williamstown
Phone: 03 9393 0202
Fax: 03 9393 0306