



# Melbourne Medical Imaging

Radiology Clinics

## REQUEST FOR DIAGNOSTIC IMAGING

CALL FOR APPOINTMENT. PH: (03) 8657 4322 OR SCAN QR CODE



Name: \_\_\_\_\_

Address: \_\_\_\_\_

REQUEST FOR: \_\_\_\_\_

REFERRING DOCTOR'S DETAILS: \_\_\_\_\_

DOCTOR'S SIGNATURE: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Med. No: \_\_\_\_\_

CLINICAL DETAILS: \_\_\_\_\_

GENDER:  M  F

Other

PREGNANT:  Y  N

MORE REFERRAL

FORMS:  A4  A5

REPORT:

URGENT

Return with patient

Fax

Email

COPIES TO: \_\_\_\_\_

DATE: \_\_\_\_\_

## PATIENT PREPARATION

EXAMINATION	PREPARATION
Ultrasound - Female Pelvis, Renal, Pregnancy	Empty bladder 1 hour prior to scan and then drink one litre (approx 4 glasses) of water and hold
Ultrasound - Abdominal & Abdominal Doppler	Nothing to eat or drink for 6 hours prior to scan
X-Ray	No preparation required

## LOCATION

[www.melbmi.com](http://www.melbmi.com)

**Mon - Fri:** 9am - 5pm & 6.30 - 9.30pm

**Sat:** 9am - 1pm & 6pm - 9pm

**Sun:** 6pm - 9pm

Building G01

134 Logis Boulevard

Dandenong South, VIC 3175

**P:** (03) 8657 4322

**F:** (03) 8657 4373

**E:** [info@melbmi.com](mailto:info@melbmi.com)

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*"Every Patient Matters"*



## X-RAY | ULTRASOUND | DOPPLER