

Name: _____

Address: _____

Request for: _____

Date of Birth: _____

Phone (H): _____

Mobile: _____

Medicare No: _____

Clinical Details: _____

Referring Doctor Details: _____

Patient Category: _____

Results: _____

☐ PTE ☐ Vet/Aff. ☐ Tel Report (No: _____)
☐ W/C ☐ TAC ☐ Fax Report (No: _____)
☐ Pension

Copies to: _____

Doctor Signature: _____

Date: _____

☐ MRI +/- Orbits +/- Skull +/- Chest X-Ray
IMPORTANT: Indicate whether the following applies to your patient: (please circle)
 History of welding, grinding, sheet metal work YES / NO
 Cardiac pacemaker YES / NO
 Brain aneurysm clip YES / NO
 Cochlear Implant YES / NO

☐ CT Scanning
 If diabetic, does treatment contain Metformin ☐ Yes ☐ No
 What is the current renal function: _____
 Date of renal function: _____
 Procedure approved by: _____

Patient Identification Procedure Match

☐ Full Name
☐ Address ☐ DOB ☐ UR/Band
 Correct Procedure ☐ Yes ☐ No
 Correct Side ☐ Yes ☐ No
 Correct Site ☐ Yes ☐ No
 Pregnancy Check ☐ Preg ☐ Not Preg
☐ Verbal Consent
 MIT Signature _____

Sex ☐ M ☐ F

Clinic	Address	Phone	Fax	General X-Ray	Fluoroscopy	Ultrasound	Doppler	3D Mammography	Low Dose CT	MRI	Nuclear Medicine	PET/CT	OPG	Bone Densitometry	Angiography
Malvern	Cabrinini Hospital 183 Wattletree Road, 3144	9508 1444	9508 1896	•	•	•	•	•	•	•	•	•	•	•	•
Brighton	Cabrinini Hospital 243 New Street, 3186	9508 5660	9508 5874	•	•	•	•	•	•	•					

INSTRUCTIONS

- Please notify the department if you are or may be pregnant.
- For infants and children, please contact Cabrinini on 9508 1444.
- **BIARIUM SWALLOW OR MEAL:** Nothing to eat or drink for 6 hours before.
- **BIARIUM ENEMA:** Please contact the department for directions.
- **MAMMOGRAPHY:** No preparation.
- **CT SCANNING:** Contact department 9508 1351.

- **ANGIOGRAPHY:** Fast for 4 hours before.
- **ULTRASOUND – GALLBLADDER OR UPPER ABDOMEN:** Nothing to eat or drink for 6 hours before.
- **ULTRASOUND – OBSTETRIC OR LOWER ABDOMEN:** Drink 1 litre of water 1 hour before appointment. Do not empty bladder.
- **NUCLEAR MEDICINE, PET, MRI:** Contact department for preparation.
- **DEXA:** No special preparation required.

	General X-Ray	Fluoroscopy	Ultrasound	Doppler	3D Mammography	Low Dose CT	MRI	Nuclear Medicine	PET/CT	OPG	Bone Densitometry	Angiography	Echocardiography
CENTRAL / CITY													
Cabrini Hospital 183 Wattletree Road, Malvern 3144. P 9508 1444 F 9508 1896	●	●	●	●	●	●	●	●	●	●	●	●	
Camberwell Medical Imaging 566 Riversdale Road, Camberwell 3124. P 8808 7000 F 9804 0221	●		●	●	●	●				●	●		
Kew Radiology St Vincent's Private Hospital, 5 Studley Avenue, Kew 3101. P 9851 8899 F 9851 8898	●									●			
Caulfield Radiology Caulfield Hospital, 1st Flr, 260 Kooyong Road, Caulfield 3162. P 8531 8700 F 9532 9349	●	●	●	●	●	●		●		●	●		●
East Melbourne Radiology St Vincent's Private Consulting Suites, Lvl 1, 141 Grey Street, East Melbourne 3002. P 9413 0200 F 9419 8792	●	●	●	●	●	●	●	●			●		
Victoria House Medical Imaging 435 Malvern Road, South Yarra 2141. P 8697 0100 F 8697 0198	●	●	●	●		●	●	●		●	●		
BAYSIDE / PENINSULA													
Cabrini Hospital 243 New Street, Brighton 3168. P 9508 5660 F 9508 5874	●	●	●	●	●	●	●						
Peninsula Private Radiology Peninsula Private Hospital, Cnr McClelland Drive & Cranbourne Road, Frankston 3199. P 8769 5000 F 8769 5013	●	●	●	●	●	●	●	●					●
Frankston Private Radiology Frankston Private Hospital, Lvl 1, North Building, 24-28 Frankston-Flinders Road, Frankston 3199. P 9238 8000 F 8781 5284	●	●	●	●		●	●	●	●				
Frankston Radiology 19 Hastings Road, Frankston 3199. (Opp. Frankston Hospital) 3199. P 8781 5200 F 9781 5832	●		●	●	●	●	●			●	●		
MRI Frankston (MRI only) Frankston Hospital, Hastings Road, Frankston 3199. P 9238 8000 F 9770 1315							●						
Linacre Radiology Linacre Private Hospital, 12 Linacre Road, Hampton 3188. P 8599 3000 F 8599 3008	●	●	●	●	●	●				●			
Mentone Radiology 41 Balcombe Road, Mentone 3194. P 8585 2400 F 9583 7437	●		●	●	●	●	●			●	●		●
The Bays Radiology The Bays Private Hospital, 262 Main Street, Mornington 3931. P 5975 2081 F 5973 4009	●	●	●	●	●	●	●	●		●			●
Mornington Radiology Beleura Hospital, 925 Nepean Hwy, Mornington 3931. P 5970 4700 F 5975 1172	●	●	●	●	●	●	●						●
SOUTH / EASTERN													
Monash Radiology Monash Specialist Centre, 212 Clayton Road (Cnr Dixon Street), Clayton 3168. P 8540 3400 F 8540 3444	●		●	●	●	●	●	●		●	●		●
Moorabbin Radiology 758-760 Centre Road, East Bentleigh 3165. P 9242 8000 F 9242 8055	●		●	●	●	●	●	●					●

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