

# IMAGING REFERRAL

## Appointment details

Time

Date

Branch

## Patient details

Name

Return to work

DOB

Address

MVA

Telephone (H)

Telephone (M)

Med. no.

Examination requested

Clinical details

**Creatinine** .....  $\mu$  mols/L (for potentially diabetic/renal impaired CT/MRI IV contrast patients)

## Referring doctor details

### Results

Films required? Yes / No

Films and report return with patient

Telephone  Facsimile

Copy of report to

Grant online imaging to

Referrer's signature

Date

Your doctor has recommended that you use Thrive Medical. Any change to this recommendation should be discussed with your doctor first.

## THRIVE MEDICAL

170 Crystal Street  
Broken Hill NSW 2880  
P 08 80879383  
F 08 80871327  
E [imaging@thrivemed.com.au](mailto:imaging@thrivemed.com.au)

## SERVICES

X-Ray  
Ultrasound  
CT  
MRI  
Interventional

## PATIENT PREPARATION ULTRASOUND

Pelvic and pregnancy - Arrive with a full bladder. Finish drinking 500ml of water 1 hour before appointment.

Upper abdomen - Nothing to eat or drink for 6 hours before appointment.

A small amount of water may be taken.

Kidneys/Bladder - Arrive with a full bladder. Finish drinking 1L of water before appointment.

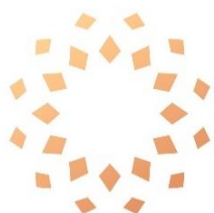
## PATIENT PREPARATION CT

Head, neck, chest, abdomen, and pelvis - Nothing to eat for 2 hours before appointment. A small amount of water may be taken.

Spine - No preparation.

## PATIENT PREPARATION MRI

Please arrive 10 minutes before your scan to complete a safety questionnaire.



**THRIVE**  
MEDICAL

**Benson**  
radiology

Radiology reporting services provided by Benson Radiology