

# X RAY REQUEST FORM



**Steg**  
RADIOLOGY

**DENTAL REQUEST**

NAME: .....

ADDRESS: .....

.....PHONE: (Home) .....

BIRTHDATE:..... (Bus.) .....

Right	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	Left
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	

**CT (DENTASCAN)**

**OPG**

**LAT CEPH**

**TMJ's**

**PA CEPH**

**OCCLUSALS**

**TRANSCRANIAL**

**CLINICAL NOTES:**

**DATE:** / /

**DOCTOR'S NAME:** .....

**PENSIONER**

**W/C**

**REPAT**

**W.COMP DETAILS:** .....

**MEDICARE No.:** .....

**PLEASE RING FOR APPOINTMENT**

**YOUR APPOINTMENT TIME IS:** .....

**BRANCH ADDRESSES & SPECIAL INSTRUCTIONS (please turn over)**

SUBURB	ADDRESS	PHONE	HOURS	X-RAY	U/S	C.T. SCAN	MAMMO	OPG
<input type="checkbox"/> CITY	20 COLLINS STREET	9650 4366	Mon/Fri 8.30-5	✓	✓	✓	✓	✓
<input type="checkbox"/> SUNSHINE	117 DURHAM ROAD	9312 3711	Mon 9-6 Tues/Fri 9-5 Sat 9-12	✓	✓	✓	✓	✓
<input type="checkbox"/> HOPPERS CROSSING	119 HEATHS ROAD	9749 4555	Mon/Fri 9-5 Sat 9-12	✓	✓			✓
<input type="checkbox"/> ALTONA MEADOWS	309 QUEEN STREET	9360 9833	Mon/Fri 9-5	✓	✓		✓	

**X-RAYS INVOLVING THE PELVIC AREA IN WOMEN OF CHILD BEARING AGE** (Should if possible be done in the 10 days following the start of a normal period.)

### INSTRUCTIONS TO PATIENTS FOR X-RAY AND ULTRASOUND EXAMINATIONS

#### C.T. SCANS

#### BARIUM MEAL or SWALLOW

#### IVP

#### BARIUM ENEMA

#### ULTRASOUND UPPER ABDOMEN

#### ULTRASOUND PELVIS OR PREGNANCY

- Nothing to eat or drink for FOUR (4) HOURS before the examination.
- Nothing to eat or drink for EIGHT (8) HOURS before the examination.
- TWO (2) Durolox tablets the night before the X-Ray. Then nothing to eat or drink after this.
- You must call and collect special tablets and instructions at least TWO (2) days before your appointment.
- Nothing to eat or drink for SIX (6) HOURS before your appointment.
- Full bladder is required. Drink 6 Glasses of fluid 1 hour before examination. **Do not go to toilet.**