

PATIENT DETAILS

EXAMINATION REQUIRED

REASON FOR REFERRAL, CLINICAL NOTES

REFERRER DETAILS

For IV contrast exams, recent creatinine level / eGFR:

Signature*

Date*

All reports and images are available electronically (via InteleRad and/or downloads). Please tick below for your additional requests.

Referral Pads Required

REPORTS Urgent Results Fax Download Phone Film Copy reports to:

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

FOR OFFICE USE ONLY

PRE-EXAMINATION CHECK

I confirm that prior to this examination the following processes were completed:

- Patient ID & Procedure Matching Process
- Informed Consent Obtained

Staff Initial _____

FOR ALL EXAMINATIONS USING RADIATION

PREGNANT? Yes No

If yes, I confirm that Radiologist consent was obtained with approval to proceed Yes No

Contrast Allergies Yes No


Renal Disease Yes No

Diabetes Metformin Treatment Yes No

Blood Thinning Medication Yes No

Pacemaker Yes No

WHERE TO FIND US



- 📍 **Fairfield Forum, (Rooftop Car Park)**
8-36 Station St, Fairfield, NSW 2165
To access the rooftop carpark from downstairs, you have two options: the traveller situated in the shopping center or the stairs adjacent to the NAB Bank.
- ☎ (02) 8319 4863
- 📠 (02) 8322 4091
- ✉ info@cmifairfield.com.au
- 🌐 **Monday to Friday 8.00am - 5.00pm**
Closed weekends and public holidays

- Parking (700+ space) available, close to entrance
- Multilingual staff
- Bulk Billing
- We accept all referrals
- Walk-in appointments available

PATIENT PREPARATION

- X-RAY:** No appointment or preparation required.
- CT:** You will receive instructions before your appointment.
- ULTRASOUND RENAL:** No eating, drinking (except water), or smoking 6 hours before the exam. A full bladder is required. **Drink 750ml of water, finishing 1 hour before your appointment.** Do not empty your bladder.
- ULTRASOUND OF PELVIS AND PREGNANCY:** A full bladder is required. **Drink 750ml of water, finishing 1 hour before your appointment.** Do not empty your bladder.
- ULTRASOUND OF ABDOMEN (LIVER, GALLBLADDER OR PANCREAS):** No eating, drinking (except water), or smoking 8 hours before the exam.

SERVICES

- **General X-Ray**
- **CT (low dose)**
- **Echocardiography**
- **Ultrasound**

General
Obstetrics / Gynaecology
Musculoskeletal
Vascular
Doppler

- **Interventional Procedures**
- **FNA & Core Biopsy**
- **Bone Mineral Density**

Appointment Date: _____

Appointment Time: _____

Preparation: _____

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