

PATIENT

Name

DOB

REQUEST

Your doctor has recommended you use Clarence Valley Imaging for quality imaging.
You may choose another provider but please discuss this with your doctor first.

CLINICAL HISTORY

If renal impairment, recent Creatinine/eGFR = _____

Please bring previous films

ALSO PROVIDE COPY OF REPORT TO

Name

Address/Location

DOCTOR

Sign

Provider No.

Date

Do you want Films? Yes

GRAFTON

137 Fitzroy Street
Grafton NSW 2460
Tel: 02 6604 2400
Fax: 02 6643 2306

X-RAY

ULTRASOUND

CT

OPG

MRI

MAMMOGRAPHY

BONE DENSITOMETRY

MACLEAN

52 River Street
Maclean NSW 2463
Tel: 02 6603 2800
Fax: 02 6645 3788

X-RAY

ULTRASOUND

Preparation

IMPORTANT

Unless stated otherwise, please continue to take your usual medications on the day of the procedure. **For children and diabetics** please discuss preparation with radiology reception.

ULTRASOUND

| | |
|------------------------|---|
| Abdomen | Do not eat, drink or smoke for 6 hours before appointment. |
| Renal | Do not eat for 4 hours before appointment. Empty bladder 1½ hours before appointment, then immediately drink 1 litre of water. A full bladder is required for this examination. |
| Renal arterial doppler | Do not eat for 4 hours before appointment. During this time you are required to drink 2 litres of water. You may empty your bladder when required. A full bladder is not necessary. |
| Pelvic/pregnancy | Empty bladder 1½ hours before appointment, then immediately drink 1 litre of water. If you are more than 22 weeks you can empty your bladder up to ½ hour before appointment. A full bladder is required for this examination. |

CT

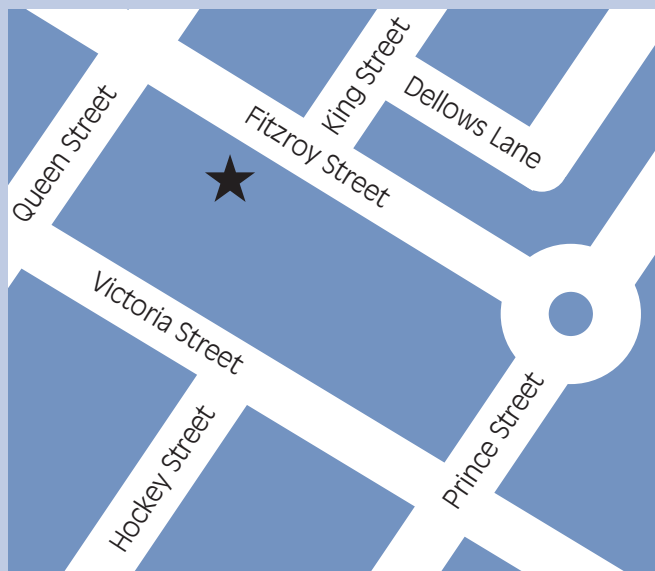
| | |
|--------------------------------|---|
| Angiography/neck/chest | Do not eat for 2 hours before appointment. You are allowed to drink water to stay well hydrated. |
| Abdomen/pelvis/IVP | Do not eat or drink for 2 hours before appointment. Drink 1 litre of water 1 hour before appointment. A full bladder is not necessary. |
| Head/sinuses/spine/extremities | No preparation is necessary. |
| Cardiac/colonoscopy | Special preparation is required. Please contact reception. |

MRI

| | |
|----------------------------|---|
| Absolute contraindications | Cardiac pacemakers. Please contact reception. |
| Relative contraindications | Intracranial aneurysm clips, intraocular foreign bodies, metallic implants (including cochlear) & extreme claustrophobia. |

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