

PATIENT

Name

DOB

REQUEST

CLINICAL HISTORY

If renal impairment, recent Creatinine/eGFR = _____

Please bring any previous films & request form to your next appointment

ALSO PROVIDE COPY OF REPORT TO

Name

Address/Location

DOCTOR

Sign

Provider No.

Date

Do you want Films? Yes

CHATSWOOD
Radiology

**CHATSWOOD
RADIOLOGY**

13 Spring Street
Chatswood NSW 2067
Tel: 02 8423 2700
Fax: 02 9410 0244

**X-RAY
OPG
ULTRASOUND
CT
MRI
INTERVENTIONS
MAMMOGRAPHY
BONE DENSITOMETRY**

RYDE
Radiology

RYDE RADIOLOGY

Suite 1, Level 1A
1 Pope Street
(Above Ryde Library)
Ryde NSW 2112
Tel: 02 9813 2500
Fax: 02 9809 2890

**X-RAY
OPG
ULTRASOUND
CT
INTERVENTIONS
MAMMOGRAPHY
BONE DENSITOMETRY**

www.chatswoodryderadiology.com.au

检查前准备

重要事项:

除非检查前特别注明, 否则请在检查当日继续服用你日常所需的药物。对于小孩和糖尿病患者, 请向前台工作人员咨询准备事项。

超声波检查

腹部:	检查前6小时, 请勿进食、喝水和吸烟。
肾脏:	检查前4小时请勿进食。检查前1小时, 请排空膀胱, 然后立即喝1升水。 本检查要求有充盈的膀胱。
肾动脉检查:	检查前4小时请勿进食。在这期间, 请喝2升水。当你需要时, 可以排空膀胱。 本检查不要求膀胱充盈。
盆腔/妊娠检查:	检查前一个半小时先排空膀胱, 然后立即喝1升水。 本检查要求有充盈的膀胱。

电脑断层扫描 (CT) 检查

血管造影/颈部/胸部检查: 检查前2小时请勿进食。你可以喝水以保持足够的水分摄取。

腹部/盆腔/IVP检查: 检查前2小时请勿进食。检查前1小时喝1升水。

头部/鼻窦/脊柱/四肢检查: 检查前无需准备。

心脏/结肠镜检查: 本检查需要特殊准备。请联络前台工作人员。

磁力共振 (MRI) 检查

绝对禁忌症: 有心脏起搏器的患者, 请联系前台工作人员。

相对禁忌症: 颅内动脉瘤夹闭术, 眼内异物, 金属植入物 (包括人工耳蜗植入) 以及严重的幽闭恐惧症。请联系前台工作人员。

RYDE RADIOLOGY

Suite 1, Level 1A, 1 Pope Street, (Above Ryde Library) Ryde Tel: 02 9813 2500 **Free parking at Top Ryde City Shopping Centre**



CHATSWOOD RADIOLOGY

13 Spring Street, Chatswood Tel: 02 8423 2700

Free parking at Westfield & Chatswood Chase



PLEASE CHECK ARTWORK CAREFULLY

**MISTAKES ARE GLADLY CORRECTED
ANY AUTHORS CORRECTIONS TO ARTWORK ARE CHARGEABLE**

CLIENT NAME: CHATSW01

DESCRIPTION: 152148_A_CR012A_A5_Referral_Pads Chinese

SIZE: 148mm x 210mm

COLOURS: PMS 294 & Black / both sides

ARTWORK APPROVAL CORRECTIONS REQUIRED OK TO PRINT

SIGNATURE

DATE

**NOTE: NO RESPONSIBILITY FOR ERRORS ARE ACCEPTED BY E-BISPRINT PTY LIMITED
AFTER ARTWORK HAS BEEN SIGNED OFF BY CLIENT (REFER TO TERMS & CONDITIONS)**

