



Government  
of South Australia

SA Health



SOUTH  
AUSTRALIA  
MEDICAL  
IMAGING

# IMAGING REQUEST

Appointment Time:		Day:	Date:	Location:		
PATIENT DETAILS	Name:	<input type="checkbox"/> Interpreter Language:		DOB:		
	Address:	Patient type: <input type="checkbox"/> Medicare eligible <input type="checkbox"/> MVA <input type="checkbox"/> Work injury <input type="checkbox"/> DVA <input type="checkbox"/> Non-Medicare		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified		
	UR No: (if relevant)	Patient election: <input type="checkbox"/> Private <input type="checkbox"/> Public		Telephone No:		
		Outpatient Clinic: (if relevant)		Medicare No:		
<b>EXAMINATION REQUEST</b>						
<input type="checkbox"/> U/S guided cannulation		<b>CLINICAL DETAILS</b> <input type="checkbox"/> CT Angiogram - I have discussed this case with a specialist or consultant physician Creatinine: _____ μmols/L (Date _____) eGFR: _____ mL/min (Date: _____) Previous contrast reaction: _____ Known allergies: _____ Possibility of pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of LMP: _____ Breastfeeding: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> MRSA / VRE <input type="checkbox"/> Diabetes <input type="checkbox"/> Other relevant considerations / alerts: _____				
					<b>REFERRING CLINICIAN</b>	
					Name	
					Address	
					Pager / DECT No	
Provider no						
Telephone No (for any urgent/ unexpected results)		<b>COPY OF REPORT TO</b> Name: _____ <input type="checkbox"/> NPH (Not for Public Health System Distribution) <input type="checkbox"/> Do not send reports to My Health Record Address: _____				
<b>DOCTORS SIGNATURE</b>		<b>RESULTS</b> <input type="checkbox"/> Fax No: _____ <input type="checkbox"/> Hardcopy report to referrer <input type="checkbox"/> Medinexus <input type="checkbox"/> Date required: <input type="checkbox"/> Films / Images				
		Date:				

# DIRECTORY OF SERVICES SOUTH AUSTRALIA MEDICAL IMAGING

Please note hours of operation vary across sites and some services may be available on weekends at selected sites. Not all sites offer the full range of examinations for each service and you may be directed to another site when making your booking.

REGION	SITE NAME AND ADDRESS	TELEPHONE	FAX	X-ray	Dental / OPG	Ultrasound	Fluoroscopy	CT	MRI	Mammography	Angiography	Interventional Procedures	General Nuclear Medicine	PET CT	Bone Density	Breath Testing	Nuclear Medicine Therapy
CENTRAL	Royal Adelaide Hospital <b>Medical Imaging</b> Level 3C (Ground), 1 Port Road, Adelaide	(08) 7074 4020	(08) 7074 6136	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Royal Adelaide Hospital <b>Nuclear Medicine</b> Level 2, Lift E - 1 Port Road, Adelaide	1300 724 319	(08) 7074 6122										•	•	•	•	•
	Women's and Children's Hospital <b>Medical Imaging</b> Level 2, Rogerson and Queen Victoria Buildings, 72 King William Rd, North Adelaide	(08) 8161 6055	(08) 8161 6333	•	•	•	•	•	•	•	•	•	•			•	•
NORTH	Lyell McEwin Hospital <b>Medical Imaging</b> 120 – 130 Haydown Rd, Elizabeth Vale	(08) 8182 9999	(08) 8182 9998	•	•	•	•	•	•	•	•	•					
	Lyell McEwin Hospital <b>Nuclear Medicine</b> 120 – 130 Haydown Rd, Elizabeth Vale	(08) 8182 9992	(08) 8282 1395										•		•	•	
SOUTH	Flinders Medical Centre <b>Medical Imaging</b> Level 2 & Level 3, Flinders Drive, Bedford Park	(08) 7117 2555	(08) 8204 6193	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Repat Health Precinct <b>Medical Imaging</b> 216 Daws Road, Daw Park	(08) 7117 2500	(08) 7117 2525	•	•	•	•	•				•					
WEST	The Queen Elizabeth Hospital <b>Medical Imaging</b> Ground Floor, Main Building, 28 Woodville Road, Woodville South	(08) 8222 6894	(08) 8222 6040	•	•	•	•	•	•	•	•	•					
	QE Specialist Centre Unit 2, 35 Woodville Rd, Woodville South (opposite TOEH)	(08) 8222 6565	(08) 8222 6585	•	•	•	•	•					•				
	The Queen Elizabeth Hospital <b>Nuclear Medicine</b> Level 3, Area A, Main Building, 28 Woodville Road, Woodville South	(08) 8222 6431	(08) 8222 6038										•			•	•
COUNTRY	Murray Bridge Soldiers' Memorial Hospital 96 Swanport Road, Murray Bridge	(08) 8535 6740	(08) 8535 6741	•	•	•	•	•				•					
	Port Pirie Hospital The Terrace and Alexander Street, Port Pirie	(08) 8638 4519	(08) 8638 4368	•	•	•	•	•		•		•					
	Riverland General Hospital 10 Maddern Street, Berri	(08) 8580 2430	(08) 8580 2440	•	•	•	•	•		•		•					
	Clare Hospital 47 Farrell Flat Road, Clare	(08) 8842 6512	(08) 8842 3541	•		•											

Please bring this request form, your **Medicare card** and any **relevant previous films/results** to your appointment. There is **no out of pocket expense** for Medicare eligible patients. Your doctor has recommended that you use a South Australia Medical Imaging site for your imaging examination. You may take this request to another diagnostic imaging provider however it is important to discuss this with your doctor first.

## Patient preparation and instructions

If you are taking one or more of the medications listed below, please inform our staff of this when booking your appointment: **Aspirin** (Astrix, Sprein, Cardiprin, Cartia, Aspro, Disprin, Solprin, Asasantin, CoPlavix, DuoCover), **Warfarin** (Coumadin, Marevan), **Dabigatran** (Pradaxa), **Clopidogrel** (Plax, Plavivor, Clovix, Iscover, Plavix, CoPlavix, DuoCover), **Prasugrel** (Effient), **Ticlopidine** (Tilodene), **Apixaban** (Eliquis), **Rivaroxaban** (Xarelto), **Dipyridamole** (Persantin), **Ticagrelor** (Brilinta) **Enoxaparin** (Clexane), **Dalteparin** (Fragmin), **Beta Blockers**.

## ANGIOGRAPHY & INTERVENTIONAL PROCEDURES

Procedure details will be explained when making an appointment.

## BIARIUM SWALLOW / MEAL / FOLLOW-THROUGH (SMALL BOWEL SERIES)

Nothing to eat or drink for 6 hours before your appointment. Note, examination may take several hours to complete.

## CT SCAN – ABDOMEN AND PELVIS

Procedure details will be explained when making your appointment. You may be required to not eat or drink for a set time before your examination. Examination may also require an oral preparation to be drunk.

## CT SCAN – CORONARY ANGIOGRAM & CALCIUM SCORING

Follow referring doctors instructions in regards to beta-blockers if prescribed. Avoid physical activity, smoking and drinks containing caffeine for at least 24 hours prior to your appointment. Follow any further instructions at the time of booking.

## CT SCAN – SPINE, SINUSES, FACIAL BONES INCLUDING DENTAL

No preparation required. Please remove jewellery and piercings.

## CT SCAN – ALL OTHER REGIONS

Follow instructions given at the time of booking. You may be required to not eat or drink for a set time before your examination.

## MAMMOGRAM

Wear a two piece outfit and do not use talcum powder or deodorant.

## MRI

Procedure details will be explained when making an appointment.

## NUCLEAR MEDICINE

Procedure details will be explained when making an appointment.

## ULTRASOUND SCAN – UPPER ABDOMEN (INCLUDING AORTA, GALLBLADDER, DUPLEX RENAL, DUPLEX ABDOMEN)

Nothing to eat or drink for 6 hours prior to your appointment. If medication is required, a small amount of water is permitted. No chewing gum or cigarettes on day of appointment.

## ULTRASOUND SCAN – RENAL (KIDNEYS) OR PELVIC

Full bladder required. Drink 1 litre of water based fluid, finishing 1 hour before your appointment. Do not empty your bladder.

## ULTRASOUND SCAN – OBSTETRIC

Full bladder required. Drink 500ml of water based fluid, finishing 1 hour before your appointment. Do not empty your bladder.

## ULTRASOUND – PAEDIATRICS

Specific instructions will be given at time of booking.

Patient preparation details will be confirmed at the time of making an appointment.

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