



Patient Details (Name, DOB & Address are mandatory)

Name	D.O.B.	/	/
Address			
Telephone	Private <input type="checkbox"/> W/comp <input type="checkbox"/> T-P <input type="checkbox"/>		

Parramatta
50 O'Connell St
Parramatta NSW 2150
Ph: 9683 5333
Fax: 9683 5111
parramatta@superscan.com.au

Fairfield heights
247 The Boulevard
Fairfield Heights NSW 2165
Ph: 9609 5115
Fax: 9604 2545
fairfield@superscan.com.au

Neuro Imaging Request

Medicare bulk billing now available for MRI scans at Parramatta and Fairfield sites, for specialist and GP referrals *

MRI (Wide-bore) - 1.5T / 3T

MRI Head / Neck

- Brain
- Orbits
- Internal Auditory Meatus (IAM) →
- Pituitary
- Circle of Willis
- Carotid / Vertebral artery

MRI Head - Clinical Indicators (Medicare Rebatable)

- Tumour
- Inflammation
- Acoustic neuroma
- Encephalopathy
- Demyelinating disease
- Carotid / Vertebral artery dissection
- Congenital malformation
- Venous sinus thrombosis
- Trauma
- Epilepsy
- Stroke

MRI Spine

- Cervical spine
- Thoracic spine
- Lumbar spine →
- Sacral spine
- Coccygeal spine
- Brachial plexus

MRI Spine - Clinical Indicators (Medicare Rebatable)

- Tumour
- Inflammation
- Demyelinating disease
- Congenital malformation
- Myelopathy
- Syrxin
- Radiculopathy
- Sciatica
- Canal stenosis
- Previous spinal surgery
- Trauma
- Infection

MRI Other

Clinical Notes

CT (Dual-source)

- Brain
- Sinuses
- PTB / IAM
- Pituitary
- CoW / Vertebral / Carotid Angio
- Other:
- Cervical spine
- Thoracic spine
- Lumbar spine
- Sacral spine
- Coccygeal spine

Nuclear Medicine

- Bone scan
- White cell / Gallium scan
- Other:

Ultrasound

- Carotid Doppler
- Other:

Digital X-Ray

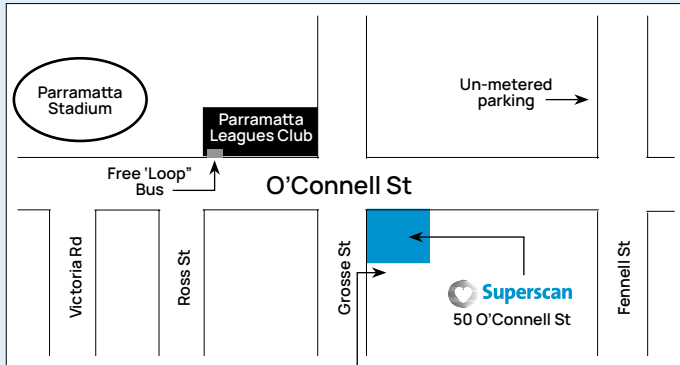
Doctor's details:

Doctor's Signature: _____ Date: _____

- DICOM Download
- Hard copies required
- Release images without report
- Send more referral pads
- cc Report to:

Parramatta

Map of practice location and parking

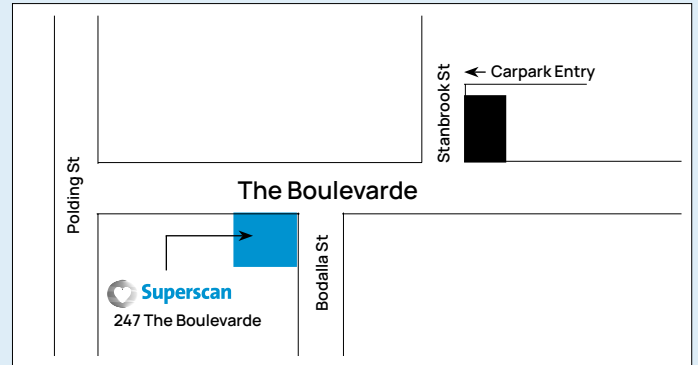


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If you've had previous imaging elsewhere, please bring images to your appointment.

PREPARATION FOR SCANS

General Radiography

No preparation required

CT (Dual Source)

If IV Contrast is requested:

- Fast for 3 hours prior to appointment time
- It's beneficial to drink 1 glass of water every hour whilst fasting.

Nuclear Medicine

White Cell Scan

- No food from midnight
- Water hydration is allowed and encouraged

MRI (Wide Bore)

If IV Contrast is requested:

- Fast for 3 hours prior to appointment time
- It's beneficial to drink 1 glass of water every hour whilst fasting.

Please remove all jewellery prior to arrival.

All patients must fill out a safety questionnaire prior to their appointment. This can be sent via SMS. Please enquire with staff.

Whilst you are entitled to take this request form to another imaging provider, it would be advisable to respect your Doctor's wishes and have your scan performed at Superscan. This will ensure you get scanned on new top of the line equipment and experience an outstanding service.

Appointment time: _____ Date: _____

