Imaging Request

SCOPE RADIOLOGY

*For Cardiology services, please use our Heartscope referral form
*For Sleep & Respiratory services, please use our Sleepscope referral form

PATIENT NAME

DATE OF BIRTH

ADDRESS

GENDER M/F/NB

CONTACT NUMBER

MEDICARE NO

REFERRING DOCTOR DETAILS

CLINICAL DETAILS

DOCTOR SIGNATURE

DATE (mandatory)

COPIES TO

Examination(s) Required

- ☐ Ultra Low Dose CT
- ☐ Calcium Score
- ☐ Cardiac CT (CTCA) with Cardiologist Consultation
- ☐ General X-Ray
- ☐ General Ultrasound
- ☐ Vascular Ultrasound
- ☐ Obstetric (Pregnancy) Ultrasound
- ☐ Low dose non-contrast CT scan of the Chest for Lung Cancer Screening (MBS Item Number 57410)

☐ This patient meets the eligibility criteria of the National Lung Cancer Screening Program for low dose non-contrast CT scan of the chest.

Criteria:
- 50–70 years
- Are asymptomatic
- Currently smoke or have quit smoking in the past 10 years
- Have a history of tobacco cigarette smoking of at least 30 pack-years

Region(s) of Interest
(e.g., Abdomen, Head)

Alerts

- ◯ Diabetes
- ◯ Metformin Treatment
- ◯ Contrast Allergy (Specify) _____

Renal Function

Last eGFR _____

Date _____

PRE-EXAMINATION CHECK

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

- ◯ Patient ID & Procedure Matching Process
- ◯ Informed Consent Obtained

Staff Signature _____

Date _____

FOR ALL EXAMINATIONS USING RADIATION

PREGNANT? ◯ Yes ◯ No

Patient Signature _____

I confirm that prior to this examination the following process was completed

- ◯ A Justification and Approval Process

MRP to sign _____

☐ **Echocardiogram (TTE)**
Initial suspected heart condition (55126) or Repeat (55133)

- ☐ 1. Symptoms & signs of heart failure
- ☐ 2. Ventricular hypertrophy dysfunction
- ☐ 3. Pulmonary hypertension
- ☐ 4. Valvular, aortic or pericardial disease
- ☐ 5. Cardiac Source of embolism
- ☐ 6. Other indications- congenital, cardiac tumour
- ☐ 7. Isolated pericardial effusion
- ☐ 8. Pericarditis
- ☐ 9. Cardiotoxic medication

Your doctor has requested you to use Scope Radiology. You may use another provider but please consult with your doctor first.

SCOPE RADIOLOGY

APPOINTMENT DATE

TIME _____ DATE ___/___/___ LOCATION _____

Patient information

Bookings call: 1300 101 695
Fax: (03) 8669 4575 (or scan the QR code opposite)
Email: info@scoperadiology.com.au

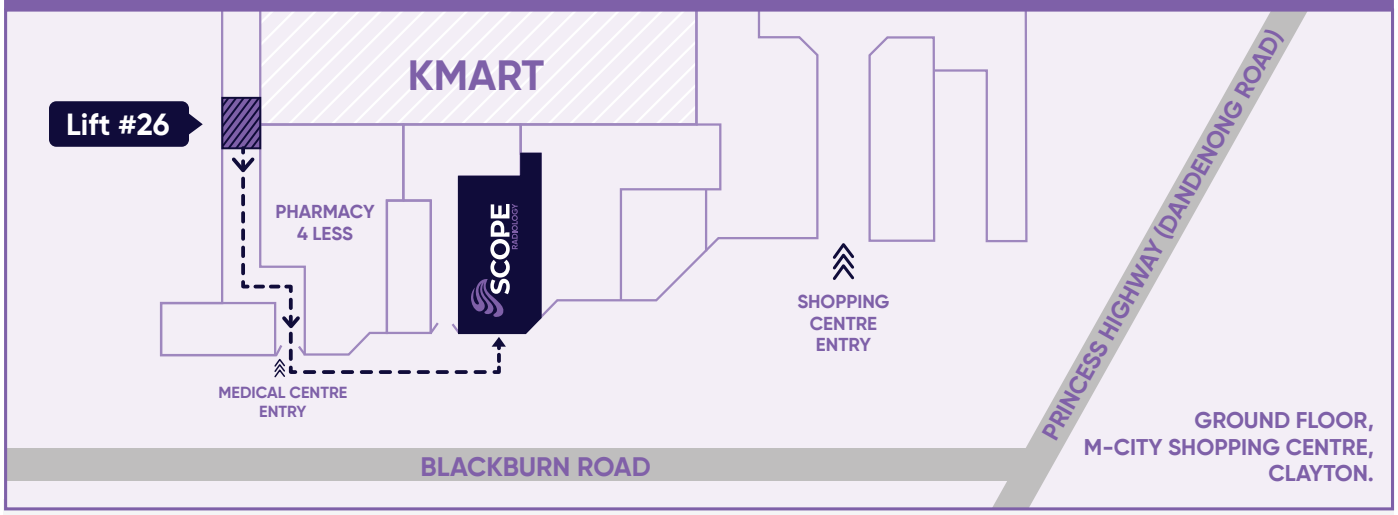
Please bring your referral form, Medicare card / DVA card / Concession card and medications list with you.

Appointments/Bookings

Please scan the QR code to make an appointment & upload your referral.

www.scoperadiology.com.au/bookings

Clayton | Shop T03, Ground Floor, M-City, 2107-2125 Dandenong Road, Clayton, VIC 3168



Directions to Scope Radiology (M-City, Clayton)

1. Proceed to **B1 Parking** from **Blackburn Road** and follow the signs for **"Medical Centre."**
2. Park near this area and take **Lift 26** (from **B1** to the **Ground** floor).
3. When the lift doors open at the **Ground** floor, walk straight ahead until you reach the exit doors of the building. (You will see **Pharmacy4Less** on your left.)
4. Turn **left** and continue walking straight, about 25 meters.
5. **Scope Radiology** will be on the **left-hand side**, facing **Blackburn Road.**

Why Choose Scope Radiology?

Same Day Walk-ins
No appointment needed for X-rays - simply walk in during our opening hours.

Brand New Modern Facility
Our state-of-the-art imaging center features the latest digital equipment and technology.

Bulk Billing Available
We bulk bill X-rays, CT scans, general ultrasounds and echocardiography for all Medicare-eligible patients.

Fast Report Turnaround
Most reports are available within 24 hours, with urgent cases prioritised.

Convenient Location
Located on major transport routes with free parking and ground-floor access.

Integrated Healthcare
Access cardiac diagnostics through Heartscope and sleep studies through Sleepscope all under one roof.

Your doctor has referred you to Scope Radiology because they trust us to look after your health. Rest assured—you're in expert hands.

How to prepare

Scan the QR code for information on preparing for your medical procedure.

www.scoperadiology.com.au/prep

Preparation Instructions

For your upcoming appointment, please follow the specific instructions for your type of scan:

CT Scan (Abdomen, Pelvis, Brain, Neck, or Chest)
- Please do not eat for 2 hours before your appointment.
- Drink 500ml of water, finishing 30 minutes prior to your arrival.

Ultrasound (Abdomen, Aorta, or Renal Artery)
- Please have nothing to eat or drink for 6 hours before your scan.
- You may take essential medication with a small sip of water.

Ultrasound (Renal, Prostate, Pelvic) / Early Pregnancy (up to 22 weeks)
- Please drink 1 litre of water, finishing 1 hour before your appointment.
- It is important that you do not empty your bladder before the scan.

Ultrasound (Pregnancy, from 22 weeks onwards)
- Please drink 500ml of water 1 hour before your appointment.
- Please do not empty your bladder before arriving.