



Radiology Request

Name							
Address	DOB						
	Sex						
Phone	Medicare						
Examination Required	Reason	for Investigation					
Videofluoroscopic Swallowing Study		ALL THAT APPLY					
Attention Ms Claire Stanley - 03-9416-0633 Referring Practioner's Details (include Practioner's name and provider number)	Dysph Conce Struct - C	nagia with Solids nagia with Liquids erns with aspiration ural: ricopharyngeal Dysfunction haryngeal Pouch					
	- C Comm	other nents:					
Signature							
Copy to		e ensure radiology request vritten referral detailing swa	•				
	•	use only	mevining derivedini				
	☐ Y ☐ N	Pregnant	Date				
	Y	Front office check					
MRI +/- Orbits +/- Skull +/- Chest X-ray	□ Y	Patient identification verified					
IMPORTANT: Indicate whether the following applies to your patient.		Procedure and consent verified					
\square Y \square N History of welding, grinding, sheet metal work	□ Y	Correct side and site verified					
Y N Cardiac pacemaker	Y	Examination justified?					
☐ Y ☐ N Brain aneurysm clip	Y	Correct patient data and side markers					
Y N Cochlear implant	Tech name	e/position:					
☐ Y ☐ N CT Scanning							
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $							
What is current renal function?		ng Clinical use only					
Date of renal function?	Image Delivery Epworth Medical Imaging (EMI) securely stores all images electronically (EMI Web Images) and routinely provides a CD as a patient record. Printelimages can be provided if requested below.						
Most recent eGFR?	images can be provided if requested below. Please provide printed image						
	Report Delivery Your preferred report delivery option (Fax, Fetch or Webster) is recorded in our database. Please call Doctor Direct on 1800 DRXRAY OR 1800 379 729 for more information. A copy of the report can also be sent with your paties if requested below.						
Thank you for referring your patient to Epworth Medical Imaging	∐ Please	send report with patient					



Excellence. Everywhere. Everyday epworthmedicalimaging.com.au

20/04/2016 11:22 am





Radiology Request

М١	, Δ	n	noi	ini	ŀm	en	t
	, ,	יץי	po,			CII	١

Date	Time

Location

Other

For more information about your examination please visit **epworthmedicalimaging.com.au**

Your doctor has recommended you use Epworth Medical Imaging. You may choose another provider but please discuss this with your doctor first.

		Open weekends	X-Ray	СТ	Ultrasound	Angiography	Fluoroscopy	Breast Ultrasound	Doppler	Bone Mineral Densitometry	Peripheral Vascular Ultrasound	Mammography	Nuclear medicine	Procedures	MRI	Dental Imaging
Epworth Richmond		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Level 2, 89 Bridge Road Richmond Telephone 03 9516 2244 Facsimile 03 9516 2255	Monday to Friday 7:00am to 7:00pm Saturday 8:30am to 4:30pm Sunday 8:30am to 1:00pm															
Epworth Freemasons		N/A	•	•	•		•	•	•		•		•	•	•	
117 Albert Street East Melbourne Telephone 03 9483 3377 Facsimile 03 9483 3399	Monday to Friday 8:30am to 5:00pm Saturday to Sunday inpatient service only															
Epworth Freemasons Medical	Centre	N/A	· · ·		•			•	•	•		•		•		
320 Victoria Parade East Melbourne Telephone 03 9418 8293 Facsimile 03 9418 8296	Monday to Friday 8:30am to 5:00pm Saturday to Sunday inpatient service only															
Epworth Camberwell		N/A	•	•	•				•		•			•		:
Suite 6, Ground Level 888 Toorak Road Camberwell Telephone 03 9805 4277 Facsimile 03 9805 4288	Monday to Friday 8:30am to 5:00pm															
Epworth Geelong		N/A	•	•	•	•	•	•	•	•	•	•		•	•	•
1 Epworth Place Waurn Ponds Telephone 03 5271 7177 Facsimile 03 5271 7198	Monday to Friday 8:30am to 5:00pm Saturday to Sunday inpatient service only															





