



Name

Address

Phone

DOB

Sex

Medicare No

Examination Required

Videofluoroscopic Swallowing Study
Attention Ms Claire Stanley
email to: admin@melbsswallow.com.au

Referring Practitioner's Details
(include Practitioner's name and provider number)

Signature

Copy to

MRI +/- Orbits +/- Skull +/- Chest X-ray

IMPORTANT: Indicate whether the following applies to your patient.

- History of welding, grinding, sheet metal work
Cardiac pacemaker
Brain aneurysm clip
Cochlear implant
CT Scanning
If Diabetic, does treatment contain Metformin?

What is current renal function?

Date of renal function?

Most recent eGFR?

Thank you for referring your patient to Epworth Medical Imaging

Reason for Investigation

TICK ALL THAT APPLY

- Dysphagia with Solids
Dysphagia with Liquids
Concerns with aspiration
Structural:
- Cricopharyngeal Dysfunction
- Pharyngeal Pouch
- Other

Comments:

Please ensure radiology request is accompanied by a written referral detailing swallowing concern

Internal use only

- Pregnant
Front office check
Patient identification verified
Procedure and consent verified
Correct side and site verified
Examination justified?
Correct patient data and side markers

Tech name/position:

Referring Clinical use only

Image Delivery

Epworth Medical Imaging (EMI) securely stores all images electronically (EMI Web Images) and routinely provides a CD as a patient record. Printed 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 patient if requested below.

- Please send report with patient



My Appointment

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	CT	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 Waurin Ponds Telephone 03 5271 7177 Facsimile 03 5271 7198	Monday to Friday 8:30am to 5:00pm Saturday to Sunday inpatient service only															