



FOR APPOINTMENTS

T: 5441 9999

149-151 High Street, Bendigo 3550
F: 07 3445 4708 | E: info@highstxray.com.au

APPOINTMENT DETAILS

DATE / /

TIME AM/PM

PATIENT NAME	SEX	DATE OF BIRTH	YOUR REFERENCE
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PATIENT ADDRESS	POST CODE	TEL (HOME)	TEL (BUS/MOBILE)
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MEDICARE CARD NUMBER

TEST REQUIRED

CLINICAL NOTES

EXAMINATION REQUIRED

- ☐ X-RAY
- ☐ OPG
- ☐ DEXA
- ☐ ULTRASOUND
- ☐ CT
- ☐ MRI
- ☐ NUCLEAR MEDICINE
- ☐ INTERVENTIONAL PROCEDURE

Please indicate current renal function.

eGFR:

Date:/...../.....

REFERRING DOCTOR

NAME	PROVIDER NUMBER
ADDRESS	
PHONE NUMBER	

REFERRING DOCTOR'S SIGNATURE AND DATE

X	X
COPIES TO	

Your doctor has recommended you undergo your diagnostic imaging exam at High St Xray. You may choose another provider but please discuss this with your doctor first.

PATIENT PREPARATION INSTRUCTIONS

GENERAL X-RAY/DEXA/OPG :

Remove all jewellery and piercings in the area of interest. If possible wear plain clothing without buttons, metal fastenings and decorations.

OBSTETRIC ULTRASOUND :

A full bladder is required. Empty bladder 1.5 hours before appointment, then drink 500ml of water within the next 30 minutes. Do not empty bladder before appointment time. Obstetric ultrasounds greater than 22 weeks do not require a full bladder.

ABDOMINAL ULTRASOUND :

Nothing to eat or drink 6 hours prior to appointment time.
You may have sips of water if required.
No smoking or chewing gum during fasting period.

PELVIC & RENAL ULTRASOUND :

A full bladder is required. Empty bladder 1.5 hours before appointment time, then drink 1 litre of water within the next 30 minutes. Do not empty bladder before appointment.

CT SCAN/NUCLEAR MEDICINE/MRI :

Specific instructions will be given at time of making appointment.

**For more information regarding your procedure
please refer to highstxray.com.au**

**PLEASE BRING THIS REQUEST FORM
AND YOUR MEDICARE CARD TO
YOUR APPOINTMENT.**



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