



FUTURE MEDICAL IMAGING GROUP

**BULK BILLING
AVAILABLE**

You are free to choose your own imaging provider

Patient details

Name: _____ DOB: ___/___/___ Surgery ref: _____

Address: _____ Phone: _____ Sex: M F

Appointment time _____ Date ___/___/___

- | | | |
|---|---|--|
| <input type="checkbox"/> X-ray | <input type="checkbox"/> Stress Echo | <input type="checkbox"/> Bone Densitometry |
| <input type="checkbox"/> Fluoroscopy | <input type="checkbox"/> Ultrasound (General) | <input type="checkbox"/> MRgFUS |
| <input type="checkbox"/> Colour Doppler | <input type="checkbox"/> Musculo-skeletal U/S | <input type="checkbox"/> Coronary CT |
| <input type="checkbox"/> CT | <input type="checkbox"/> Mammography | Angiogram |
| <input type="checkbox"/> IVC (CT) | +/- Ultrasound | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> IVP | <input type="checkbox"/> OPG | <input type="checkbox"/> CT Colonography |
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> OPG & LAT CEPH | <input type="checkbox"/> Consent |

- | | | | | |
|-------------------------------------|--|------------|-----------|-----------------|
| <input type="checkbox"/> MRI | +/- Breast | +/- Orbits | +/- Skull | +/- Chest X-ray |
| <input type="checkbox"/> | History of welding, grinding, sheet metal work | | | Yes / No |
| <input type="checkbox"/> | Cardiac pacemaker | | | Yes / No |
| <input type="checkbox"/> | Brain aneurysm clip | | | Yes / No |
| <input type="checkbox"/> | Cochlear implant | | | Yes / No |

Imaging request

Is there a chance you might be pregnant? Yes No Patient Signature.....

Clinical notes

Referrer details

Referred by _____
Address _____
Provider No. _____
Signature _____ Date / / _____
Doctor's name, Provider No. & Date are a legal requirement

- Pen/Medicare
- Private
- Repat.
- TAC
- Workcover

Results

Copy to _____
 Email _____
 Phone _____ Normal delivery
 Fax _____ Take film

SPECIAL INSTRUCTIONS

BARIUM MEAL AND/OR SWALLOW Please contact St Albans for appointment and instructions.

BARIUM ENEMA Please contact St Albans for appointment and instructions.

IVP Please contact St Albans for appointment and instructions.

CORONARY CT ANGIOGRAM Please contact Hawthorn, St Albans, Moonee Ponds, Footscray or Sunshine for special instructions.

CT CALCIUM SCORING Please contact Hawthorn, St Albans, Moonee Ponds, Footscray or Sunshine for special instructions.

CT SCAN HEAD

DO NOT TAKE ANY DIABETIC TABLETS

Nothing to Eat or Drink for 2 hours before examination.

CT SCAN CHEST

DO NOT TAKE ANY DIABETIC TABLETS

Nothing to Eat or Drink for 2 hours before examination.

CT SCAN ABDOMEN & PELVIC

DO NOT TAKE ANY DIABETIC TABLETS Nothing to Eat or Drink for 2 hours before examination. Please call clinic for further instructions.

CT SCAN IVC

DO NOT TAKE ANY DIABETIC TABLETS Nothing to Eat or Drink for 2 hours before examination and come in 1 hour before appointment time for the injection.

UPPER ABDOMINAL ULTRASOUND Nothing to Eat or Drink for 6 hours before examination. Oral medication permitted.

RENAL ARTERY DOPPLER ULTRASOUND Nothing to Eat or Drink for 6 hours before examination. Oral medication permitted.

MALE/FEMALE PELVIC ULTRASOUND Empty bladder 1 hour before examination and then drink one litre of water. Arrive with a comfortably full bladder.

OBSTETRIC/LESS THAN 12 WEEKS ULTRASOUND Empty bladder 1 hour before examination and then drink one litre of water. Arrive with a comfortably full bladder.

MAMMOGRAPHY & BREAST ULTRASOUND No powder or underarm deodorant to be used and please bring previous mammography or ultrasound films with you on day of examination.

ECHOCARDIOGRAPHY (BULK BILLED)

Available for Paediatric and Adult patients.

STRESS ECHOCARDIOGRAM (BULK BILLED)

Available at Hawthorn, St Albans or Moonee Ponds or Sunshine

MRI MRI does not use any radiation. Images can be obtained from any part of the body, and can be seen from any angle without altering the patient's position. This maximizes the comfort of the patient. Breast MRI used in early detection of breast cancer for women in high-risk groups.

NUCLEAR MEDICINE (BULK BILLED)

Please contact St Albans for appointment and instructions.

OPENING HOURS

MONDAY-FRIDAY

8.30AM-5.00PM

SATURDAY

9.00AM-1.00PM

BRANCH	ADDRESS	PHONE	FAX	Low Dose CT Scanning	Bone Densitometry	Mammography	OPG & Lat Ceph	CT Dentalscan	Colour Doppler Vascular Ultrasound	Echocardiography	Stress Echo	Ultrasound	MRgFUS	Paediatric MRI	Cardiac MRI	MRI	Fluoroscopy	General X-ray	CT Calcium Scoring	Coronary CTA	CT Colonography	Nuclear Medicine	PRP Injections	
MOONEE PONDS	347 Ascot Vale Rd	9348 3500	9348 3520	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
FOOTSCRAY	68-82 Cnr Hopkins & Moore St	9283 8500	9283 8520	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
ST. ALBANS	101-103 Main Rd West	8312 7200	8312 7220	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
HAWTHORN	109 Burwood Rd	9818 9400	9818 9420	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SUNSHINE	324-328 Hampshire Rd	9356 5000	9356 5020	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
HOPPERS CROSSING	471 Sayers Rd	8015 2500	8015 2520	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

MOONEE PONDS

347 Ascot Vale Rd Moonee Ponds Vic 3039
Onsite parking available

FOOTSCRAY

68-82 Cnr Hopkins & Moore St
Footscray Vic 3011 Onsite parking available

ST. ALBANS

101-103 Main Rd W St. Albans Vic 3021
Undercover parking via Glendenning St

HAWTHORN

109 Burwood Rd, Hawthorn Vic 3122
Basement parking via Lynch St (Lv 3)

SUNSHINE

324-328 Hampshire Rd Sunshine Vic 3020
(Sunshine Plaza) Basement parking via Hertford Road

HOPPERS CROSSING

471 Sayers Rd, Hoppers Crossing Vic 3029
Onsite parking available