

IMAGING REQUEST

Patient Name

Contact Details:

D.O.B:



Metro Radiology

Suite G7-12 Highpoint
240 Waterworks Road
ASHGROVE QLD 4060
1300 1 METRO
www.metroradiology.com.au

Examination Required:

M.I.C. ☐
(Medicare Indicated Criteria)

Clinical Details:

Contrast Allergy N/Y eGFR..... Pregnancy N/Y

RADIOLOGISTS

Dr Benjamin Ong
Dr Stanley Ngai
Dr Chris Yu

EXAMINATION

- ☐ Computed Tomography (CT)
- ☐ General X-ray
- ☐ General Ultrasound
- ☐ Vascular Ultrasound
- ☐ Obstetric and Breast Ultrasound
- ☐ Cardiac Calcium Scoring
- ☐ CT Coronary Angiogram
- ☐ Nuclear Medicine
 - ☐ Bone Scan
 - ☐ Myocardial Perfusion
 - ☐ Others
- ☐ Interventional Radiology
- ☐ Bone Mineral Densitometry
- ☐ Dental Imaging

Technologist use only

- ☐ Patient identification verified
- ☐ Procedure / consent verified
- ☐ Site / side verified
- ☐ Patient data /side markers
- Technologist initials:_____

Referred by:..... Date:...../...../.....

Copy to:.....

Signature:..... Provider number:.....

Report: ☐ with patient ☐ fax

Your doctor has recommended that you use Metro Radiology.
You may choose another provider but please discuss this with your doctor.



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240 Waterworks Road
ASHGROVE QLD 4060
1300 1 METRO = 1300 163 876
Fax: 07 3366 4839
www.metroradiology.com.au

OPENING HOURS

Monday-Friday
8.30am - 5.00pm

Saturday
8.30am - 1.00pm

PATIENT PREPARATION

Check when booking your appointment as some examinations need special preparations.