

IMAGING REQUEST - PODIATRY



Metro Radiology

Suite G7-12 Highpoint
240 Waterworks Road
ASHGROVE QLD 4060

1300 1 METRO

www.metroradiology.com.au

Patient name:..... DOB:...../...../.....

Address:.....

Suburb:..... Postcode:.....

Home phone:..... Mobile:.....

Radiologists: Dr Benjamin Ong | Dr Stanley Ngai | Dr Chris Yu

Examination Required:

Weight bearing Non weight bearing

BILATERAL LEFT

RIGHT

M.I.C.

(Medicare
Indicated
Criteria)

X-RAY

Femur

Femur & Knee

A.P.

Leg (tibia/fibula)

Leg & Knee

Lateral

Knee

Leg & Ankle

Oblique

Ankle

Foot & Ankle

Others:.....

Foot

Ultrasound (Please specify regions):.....

Clinical Details:

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

Copy to:.....

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

Report: with patient fax

Technologist use only

Patient identification verified

Procedure / consent verified

Site / side verified

Patient data /side markers

Technologist initials:.....

Your doctor has recommended that you use Metro Radiology.

You may choose another provider but please discuss this with your doctor.

1300 1 METRO = 1300 163 876

www.metroradiology.com.au



Getting there:
 Parking below Highpoint building.
 Take lift to ground level.

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

METRO RADIOLOGY

Suite G7-12 Highpoint
 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.