

Call for appointment: **1300 UNI RAD (1300 864 723)**

Time of appointment:

Date: / /

PATIENT DETAILS

Name Date of Birth
 Address Telephone
Med.No.

REQUEST FOR

CLINICAL DETAILS

REFERRING DOCTOR DETAILS

PATIENT CATEGORY

RESULTS

- | | | |
|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Private | <input type="checkbox"/> Vet/AFF | <input type="checkbox"/> Electronic Report |
| <input type="checkbox"/> W/C | <input type="checkbox"/> TAC | <input type="checkbox"/> Files & Report Return With Patient |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Bulk Bill | <input type="checkbox"/> Fax Report No.() |

COPIES TO

DOCTOR SIGNATURE

DATE

PLEASE BRING PREVIOUS FILMS

UNIRADIOLOGY LOCATIONS

CENTRE LOCATIONS	ADDRESS	PHONE	FAX	WEEKDAYS	SATURDAYS	XRAY	U.S	CT	OPG	MAMMO	CONE BEAM
Boronia	155-161 Scoresby Road	9729 2258	9729 2998	9am-5pm	Closed	■	■	■	■	■	
Carlton	32 Queensberry Street	9671 3711	9671 3118	9am-5pm	Closed	■	■	■	■	■	
Dandenong	27 Pultney Street	9769 2633	9701 3386	9am-5pm	Closed	■	■	■	■		■
Frankston	5 Hastings Road	9783 8722	9783 5373	8am-5pm	Closed	■	■	■	■	■	

BULK BILLING MEDICARE

PATIENT INSTRUCTIONS

- Please discuss at time of booking. Contact Uniradiology if you have any queries. The following instructions are for adult. For infants and children please contact Uniradiology.

ULTRASOUND

- Upper Abdomen and Gall Bladder: Fast for 8 hours prior to examination
- Pelvic: empty bladder 2 hours prior to examination. Then drink 4 glasses of water over the next 1 hour and hold until examination.

MAMMOGRAPHY

- No powder perfume or deodorant to be worn

CT SCAN

- Brain/Chest/Soft tissue of the neck: Fast 4 hours prior to examination
- Abdominal/Pelvis: Fast for 4 hours. Arrive 1 hour prior to booking time to drink preparation.