



Appointment Time:		Day:	Date:	Location:
PATIENT DETAILS	Name:	<input type="checkbox"/> Interpreter	Language:	DOB:
	Address:	Patient type:	<input type="checkbox"/> Medicare eligible <input type="checkbox"/> MVA <input type="checkbox"/> Work injury <input type="checkbox"/> DVA <input type="checkbox"/> Non-Medicare	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified
	UR No: (if relevant)	Patient election:	<input type="checkbox"/> Private <input type="checkbox"/> Public	Telephone No:
		Outpatient Clinic: (if relevant)		Medicare No:

EXAMINATION REQUESTED:

**CARDIAC  
MRI**

Arrhythmogenic Right  
Ventricular Cardiomyopathy

CLINICAL DETAILS

Creatinine:	µmols/L (Date: )	eGFR:	mL/min (Date: )
Previous contrast reaction		Known allergies:	
Possibility of pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of LMP:	Breastfeeding: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> MRSA / VRE <input type="checkbox"/> Diabetes <input type="checkbox"/> Other relevant considerations / alerts:			

COPY OF REPORT TO

REFERRING CLINICIAN

Name
Address
Pager / DECT No
Provider no
Telephone No (for any urgent/ unexpected results)

Name:	<input type="checkbox"/> NPH (Not for Public Health System Distribution) <input type="checkbox"/> Do not send reports to My Health Record
Address:	<b>RESULTS</b> <input type="checkbox"/> Fax No: <input type="checkbox"/> Hardcopy report to referrer <input type="checkbox"/> Medinexus/Zed Doctor <input type="checkbox"/> Date required:

DOCTORS SIGNATURE

Date:

Please bring this request form, your **Medicare card** and any **relevant previous films/results** to your appointment.  
There is **no out of pocket expense** for Medicare eligible patients.  
Your doctor has recommended that you use a South Australia Medical Imaging site for your imaging examination.  
You may take this request to another diagnostic imaging provider however it is important to discuss this with your doctor first.

COMPLETE TICK BOX

TIMEFRAME

REBATEABLE MRI – complete tick box  NON-REBATEABLE MRI

A Medicare benefit may be payable for this service (see Medicare Benefit Schedule).  
To assist us in determining this please indicate if the following indications apply to this patient:

- The patient must present with symptoms consistent with arrhythmogenic right ventricular cardiomyopathy (ARVC); **OR**
- Investigative findings in relation to the patient are consistent with ARVC; **OR**
- Must be asymptomatic **AND** have one or more first degree relatives diagnosed with confirmed ARVC; **OR**
- Acute onset (less than 3 months) heart failure caused by suspected myocarditis which would otherwise require endomyocardial biopsy to confirm the diagnosis of myocarditis; **OR**
- Unexplained arrhythmia caused by suspected myocarditis which would otherwise require endomyocardial biopsy to confirm the diagnosis of myocarditis; **OR**
- Suspected drug-induced myocarditis, where the results from the following examinations are inconclusive to form a diagnosis: i. troponin; and ii. chest x-ray, and iii. transthoracic echocardiogram.

# DIRECTORY OF SERVICES SOUTH AUSTRALIA MEDICAL IMAGING

REGION	SITE NAME AND ADDRESS	TELEPHONE	FAX	X-ray	Dental / OPG	Ultrasound	Fluoroscopy	CT	MRI	Mammography	Angiography	Interventional Procedures	General Nuclear Medicine	PET CT	Bone Density	Breath Testing	Nuclear Medicine Therapy
CENTRAL	Royal Adelaide Hospital <b>Medical Imaging</b> Level 3C (Ground), 1 Port Road, Adelaide	(08) 7074 4020	(08) 7074 6136	●	●	●	●	●	●	●	●	●					
	Royal Adelaide Hospital <b>Nuclear Medicine</b> Level 2, Lift E - 1 Port Road, Adelaide	1300 724 319	(08) 7074 6122										●	●	●	●	●
	Women's and Children's Hospital <b>Medical Imaging</b> Level 2, Rogerson and Queen Victoria Buildings, 72 King William Rd, North Adelaide	(08) 8161 6055	(08) 8161 6333	●	●	●	●	●	●		●	●	●		●		●
NORTH	Lyell McEwin Hospital <b>Medical Imaging</b> 120 – 130 Haydown Rd, Elizabeth Vale	(08) 8182 9999	(08) 8182 9998	●	●	●	●	●	●	●	●	●					
	Lyell McEwin Hospital <b>Nuclear Medicine</b> 120 – 130 Haydown Rd, Elizabeth Vale	(08) 8182 9992	(08) 8282 1395										●		●		●
SOUTH	Flinders Medical Centre <b>Medical Imaging</b> Level 2 & Level 3, Flinders Drive, Bedford Park	(08) 7117 2555	(08) 8204 6193	●	●	●	●	●	●	●	●	●	●		●	●	●
	Repat Health Precinct <b>Medical Imaging</b> 216 Daws Road, Daw Park	(08) 7117 2500	(08) 7117 2525	●	●	●	●	●				●					
WEST	The Queen Elizabeth Hospital <b>Medical Imaging</b> Ground Floor, Main Building, 28 Woodville Road, Woodville South	(08) 8222 6894	(08) 8222 6040	●	●	●	●	●	●	●	●	●					
	QE Specialist Centre Unit 2, 35 Woodville Rd, Woodville South (opposite TQEH)	(08) 8222 6565	(08) 8222 6585	●		●		●				●	●				
	The Queen Elizabeth Hospital <b>Nuclear Medicine</b> Level 3, Area A, Main Building, 28 Woodville Road, Woodville South	(08) 8222 6431	(08) 8222 6038										●			●	●
COUNTRY	Murray Bridge Soldiers' Memorial Hospital 96 Swanport Road, Murray Bridge	(08) 8535 6740	(08) 8535 6741	●	●	●	●	●				●					
	Port Pirie Hospital The Terrace and Alexander Street, Port Pirie	(08) 8638 4519	(08) 8638 4368	●	●	●	●	●		●		●					
	Riverland General Hospital 10 Maddern Street, Berri	(08) 8580 2430	(08) 8580 2440	●	●	●	●	●		●		●					
	Clare Hospital 47 Farrell Flat Road, Clare	(08) 8842 6512	(08) 8842 3541	●		●											

Please note hours of operation vary across sites and some services may be available on weekends at selected sites.

Not all sites offer the full range of examinations for each service and you may be directed to another site when making your booking.

For safety reasons, all children under 8 years of age are not permitted to accompany you into the examination room for your ultrasound scan unless it is the child that is the patient.

## Patient preparation and instructions

If you are taking one or more of the medications listed below, please inform our staff of this when booking your appointment: **Aspirin** (Astrix, Spren, Cardiprin, Cartia, Aspro, Disprin, Solprin, Asasantin, CoPlavix, DuoCover), **Warfarin** (Coumadin, Marevan), **Dabigatran** (Pradaxa), **Clopidogrel** (Plax, Plavacor, Clovix, Iscover, Plavix, CoPlavix, DuoCover), **Prasugrel** (Effient), **Ticlopidine** (Tilodene), **Apixaban** (Eliquis), **Rivaroxaban** (Xarelto), **Dipyridamole** (Persantin), **Ticagrelor** (Brilinta) **Enoxaparin** (Clexane), **Dalteparin** (Fragmin), **Beta Blockers**.

*Patient preparation details will be confirmed at the time of making an appointment.*

### ANGIOGRAPHY & INTERVENTIONAL PROCEDURES

Procedure details will be explained when making an appointment.

### BARIUM SWALLOW / MEAL / FOLLOW-THROUGH (SMALL BOWEL SERIES)

Please do not have anything to eat or drink for 6 hours before your appointment. Please note, your examination may take several hours to complete.

### CT SCAN – ABDOMEN AND PELVIS

Procedure details will be explained when making your appointment. You may be required to not eat or drink for a set time before your examination. This examination may also require an oral preparation to be drunk.

### CT SCAN – CORONARY ANGIOGRAM & CALCIUM SCORING

Please follow your referring doctors instructions in regards to beta-blockers if prescribed. Avoid physical activity, smoking and drinks containing caffeine for at least 24 hours prior to your appointment. Please follow any further instructions at the time of booking.

### CT SCAN – SPINE, SINUSES, FACIAL BONES INCLUDING DENTAL

No preparation required. Please remove jewellery and piercings.

### CT SCAN – ALL OTHER REGIONS

Please follow instructions given at the time of booking. You may be required to not eat or drink for a set time before your examination.

### MAMMOGRAM

Please wear a two piece outfit and do not use talcum powder or deodorant.

### MRI

Procedure details will be explained when making an appointment.

### NUCLEAR MEDICINE

Procedure details will be explained when making an appointment.

### ULTRASOUND SCAN – UPPER ABDOMEN (INCLUDING AORTA, GALLBLADDER, DUPLEX RENAL, DUPLEX ABDOMEN)

Please do not have anything to eat or drink for 6 hours prior to your appointment. If medication is required, a small amount of water is permitted. No chewing gum or cigarettes on day of appointment.

### ULTRASOUND SCAN – RENAL (KIDNEYS) OR PELVIC

You will need to have a full bladder. Please drink 1 litre of water based fluid, finishing 1 hour before your appointment. Do not empty your bladder.

### ULTRASOUND SCAN – OBSTETRIC

You will need to have a full bladder. Please drink 500ml of water based fluid, finishing 1 hour before your appointment. Do not empty your bladder.

### PAEDIATRIC PATIENTS

Specific instructions will be given at time of booking.