

**Radiology Referral**

Book online at: [wradi.com.au](http://wradi.com.au)

Email to: [bookings@westernradiology.com.au](mailto:bookings@westernradiology.com.au)

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

**EXAMINATIONS:**

**CTCA for ischaemia, specialist referral**

- No CTCA in prior 5 years
- CTCA in prior 5 years, but with:
  - Symptoms eligible for invasive angio\*
  - Prior obstructive CAD, and now symptoms
  - No prior obstructive CAD and not eligible for invasive angio\* **(no rebate)**

**CTCA for cardiac disease, specialist referral**

- New LV impairment
- Anomalous coronaries or fistula
- Pre-op non-coronary surgery
- Bypass graft assessment

**CT Other**

- TAVI work-up
- PVI / AF ablation work-up
- CTCA GP ref (no rebate)
- Calcium score only (no rebate)
- CTPA
- HRCT
- Thoracic aorta
- Carotid

**CMR**

- Cardiac
- Thoracic aorta

\*must satisfy criteria for invasive angiography item 38244, 38247, 38248 or 38249

CT Coronary Angiogram pre-med includes beta-blockers. **Please tick all that apply**

- (i) takes Verapamil
- (ii) severe aortic stenosis
- (iii) 2nd / 3rd\* heart block and no PPM
- (iv) beta-blockers contraindicated

**RENAL FUNCTION:** eGFR..... Allergies..... Creatinine.....

Clinical History:

Referrer: \_\_\_\_\_

Signature: \_\_\_\_\_

Appointment and Enquiries: **Telephone: (08) 9200 2777**  
**Facsimile: (08) 9200 2778**

Provider No: \_\_\_\_\_ Date: \_\_\_\_\_

	MRI	CT Scan	Ultrasound	Digital X-Ray	Coronary Angio & Calcium Score	OPG	DEXA	Intervention
<b>CANNING VALE</b> 1/410 Ranford Rd, Canning Vale 6155	●	●	●	●	●	●	●	●
<b>CLARKSON</b> 10/61 Key Largo Dr, Clarkson 6030		●	●	●	●	●	●	●
<b>COCKBURN</b> 2/810 North Lake Rd, Cockburn 6164		●	●	●	●	●		●
<b>MADELEY</b> 1/210 Wanneroo Rd, Madeley 6065	●	●	●	●	●	●	●	●
<b>MANDURAH</b> 73-77 Reserve Dr Mandurah WA 6210		●	●	●	●	●	●	●
<b>MORLEY</b> 133 Russell St, Morley 6062	●	●	●	●	●	●	●	●
<b>BALCATT</b> *								
<b>CLAREMONT</b> *								

\*Coming Soon

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## Patient Preparation Instructions

### ABDOMEN ULTRASOUND:

Patients are required to fast for a minimum of 6-8 hours. Please do not smoke, consume dairy or chew gum during fasting. You may drink fluids such as water, black tea or black coffee only. Consume no sugar or sweeteners and take medications as normal.

### MRI:

Patients are required to remove all jewellery including piercings prior to the examination and ideally should leave jewellery at home.

### PELVIC ULTRASOUND:

Patients are required to have a full bladder, and must finish drinking 1 litre of water 1 hour prior to their appointment time and hold (do not go to the toilet).

### RENAL (KUB) ULTRASOUND:

Patients are required to fast for a minimum of 6-8 hours. Please do not smoke, consume dairy or chew gum during fasting. Patients ALSO require a full bladder, and must finish drinking 1 litre of water 1 hour prior to their appointment and hold (do not go to the toilet). You may drink fluids such as water, black tea or black coffee only. Consume no sugar or sweeteners and take medications as normal.

Your referrer has recommended you use Western Radiology. You may select another provider but please discuss this with referrer first.

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