

Radiology Referral

Book online at: wradi.com.au

Email to: bookings@westernradiology.com.au

Patient's Name: _____ Date of Birth: _____

Address: _____

Telephone: _____

Examination: <input type="checkbox"/> CT <input type="checkbox"/> Angiogram <input type="checkbox"/> Arthrogram <input type="checkbox"/> MRI <input type="checkbox"/> X-ray <input type="checkbox"/> Ultrasound <input type="checkbox"/> Doppler <input type="checkbox"/> DEXA BMD <input type="checkbox"/> Image Guided Injection <input type="checkbox"/> FNA / Biopsy <input type="checkbox"/> Other	Region: <input type="checkbox"/> Abdomen <input type="checkbox"/> Breast <input type="checkbox"/> Cardiac <input type="checkbox"/> Chest <input type="checkbox"/> Extremity <input type="checkbox"/> Obstetric <input type="checkbox"/> Pelvis <input type="checkbox"/> Renal <input type="checkbox"/> Spine <input type="checkbox"/> Other
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Clinical History: _____

Special Instructions: ☐ Fax Report ☐ Electronic Report ☐ Patient to wait for Results

Referrer: _____

Signature: _____

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

Provider No: _____ Date: _____

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	MRI	CT Scan	Ultrasound	Digital X-Ray	Coronary Angio & Calcium Score	OPG	DEXA	Intervention
CANNING VALE 1/410 Ranford Rd, Canning Vale 6155	●	●	●	●	●	●	●	●
CLAREMONT 1/278 Stirling Highway, Claremont 6010		●	●	●	●	●	●	●
CLARKSON 10/61 Key Largo Dr, Clarkson 6030		●	●	●	●	●	●	●
COCKBURN 2/810 North Lake Rd, Cockburn 6164		●	●	●	●	●		●
MADELEY 1/210 Wanneroo Rd, Madeley 6065	●	●	●	●	●	●	●	●
MANDURAH 73-77 Reserve Dr Mandurah WA 6210		●	●	●	●	●	●	●
MORLEY 133 Russell St, Morley 6062	●	●	●	●	●	●	●	●
BALCATTA*								

*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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PLEASE BRING ANY PREVIOUS REPORTS / IMAGING TO YOUR APPOINTMENT