

Patient Name

Date of Birth

Gender

Address

Phone No.

Suburb / City

Medicare No.

X-RAY

ULTRASOUND

CT

MRI

PET / CT

OPG

OPG + LAT CEPH

CONE-BEAM CT

DEXA

SPECT / CT

MAMMOGRAPHY +/- BREAST US

MAMMOGRAPHY +/- BREAST US +/- BIOPSY

(Geelong Breast Clinic only)

Examination Required / Reason for Investigation

COVID-19 (as per DHS Testing Criteria Guidelines)

Suspect COVID-19 infection?

Y N

Swab test performed?

Y N

Clinical Notes / History

on date

Result of test?

Positive Negative

PATIENT SAFETY DATA

RENAL FUNCTION

IMPORTANT MRI SAFETY QUESTIONS

Contrast Allergy?

Normal

Epicardial pacemaker / wire?

Y N

Diabetes?

Abnormal

Intracranial aneurysm clip?

Y N

Pregnant?

Unsure

Neurostimulator?

Y N

Last eGFR _____

Cochlear implant?

Y N

on date

Metal implant or eye injury caused by metal?

Y N

Referring Practitioner

Copy to

Practice Address

Suburb

Provider No.

Signature *(not required)*

Date

Thank you for referring your patient to Lake Imaging

Kindly email this form to the applicable clinic as listed below.

REGION	EMAIL	HOTLINE
Geelong	gref@lakeimaging.com.au	5273 1256
Geelong Medical Imaging (GMI)	admin@gmi.net.au	5304 9000
Geelong Breast Clinic (GBC)	gbc referrals@lakeimaging.com.au	5222 0900
Warrnambool	appointments_wdr@lakeimaging.com.au	5561 1440
Ballarat	appointmentsb@lakeimaging.com.au	5304 9056
Sunbury, Kyneton, Gisborne*	sunadmin@lakeimaging.com.au	9321 4980
Bacchus Marsh, Melton, West Springs	meladmin@lakeimaging.com.au	9361 7956
North Melbourne	northadmin@lakeimaging.com.au	9321 4956

** Sites temporarily closed: Gisborne, Belmont, Corio, Ocean Grove, Drysdale*