RRD IMAGING
Accessible Imaging Services

Referral Request Form
RADIOLOGY

76 Archer Street,
Woodford Qld 4514

The Village, Level 1,
520 Beams Road,
Carseldine Qld 4034

Patient Details

First Name _____ Surname _____ Date of Birth / /

Address _____

Email _____ Telephone _____

Medicare Card No. _____ Mobile _____

Imaging Request

- ○ X-Ray
- ○ Ultrasound
- ○ MRI
- ○ CT
- ○ CT Calcium Score
- ○ CT Coronary Angiogram
- ○ Cone Beam CT
- ○ OPG +/- Lat Ceph
- ○ Interventional Procedure
- ○ Mammography + Tomosynthesis
- ○ Echocardiography
- ○ Bone Densitometry (DEXA)
- ○ Breast US
- ○ Biopsy
- ○ Localisation Device

Examination Required

Clinical History

Patient Safety Data

- ○ Contrast Allergy
- ○ Diabetes
- ○ Pregnancy
- ○ Normal renal function
- ○ Abnormal renal function
- ○ eGFR..... Date.....
- ○ Unknown
- ○ Epicardial pacemaker / wire
- ○ Intracranial aneurysm clip
- ○ Neurostimulator
- ○ Cochlear implant
- ○ Metal implant/eye injury caused by metal

	X-Ray	Dental (OPG & Lat Ceph)	Cone-Beam CT	Ultrasound	MRI	CT	PET-CT	Nuclear Medicine	Fluoroscopy	Echo-cardiography	Mammo-graphy	DEXA	Interventional Procedures
WOODFORD	●			●									
CARSELDINE	●	●	●	●	●	●	●	●	●	●	●	●	●

Patient Instructions

- Please contact us by phone, email or online to make an appointment.
- For safety reasons, you will be asked a series of questions at the time of booking. Our staff will provide you with preparation instructions relevant to your examination.
- Arrive 10 minutes prior to your appointment, unless specified otherwise.
- Bring this referral form, any previous relevant imaging results (films and/or reports) and Medicare / Concession cards.
- If applicable, bring approved Workcover, TAC or insurance claim information relevant to your appointment.
- Please note, holders of current Healthcare, Pension or Veterans' Affairs cards will be bulk billed or charged at a concession rate. For non-concession patients, payment of your account in full is expected on the day of examination (EFTPOS, Visa or Mastercard accepted).
- If you are unable to attend, contact us as soon as possible to avoid a cancellation fee.

Referrer _____

Provider No. _____

Copy To _____

Signature _____ Date / /

RRD IMAGING USE ONLY

- ○ Patient Details Checked
- ○ Pregnancy Status Checked
- ○ Correct Side & Exam Checked
- ○ Exam Protocoled / Approved
- ○ Checked by:.....

RRD IMAGING
Accessible Imaging Services

Referral Request Form
RADIOLOGY

76 Archer Street,
Woodford Qld 4514

The Village, Level 1,
520 Beams Road,
Carseldine Qld 4034

Referrer _____

Provider No. _____

Copy To _____

Signature _____ Date / /

RRD IMAGING USE ONLY

- ◯ Patient Details Checked
- ◯ Pregnancy Status Checked
- ◯ Correct Side & Exam Checked
- ◯ Exam Protocoled / Approved
- ◯ Checked by:.....