

# San Radiology & Nuclear Medicine

## Medical Imaging Request & Interventional Procedure Referral

Please scan here to  
request an appointment



**SYDNEY ADVENTIST HOSPITAL**  
185 Fox Valley Rd, Wahroonga NSW 2076

- Radiology** Level 3, Tulloch Building  
**Email:** radiology@sah.org.au
- Nuclear Medicine** Level 3, San Clinic  
**Email:** nmadmin@sah.org.au
- PET-CT** Level 2, Tulloch Building  
**Email:** nmadmin@sah.org.au

**PARKWAY SAN CLINIC**  
172 Fox Valley Rd, Wahroonga NSW 2076

- Radiology** Ground Floor, Suite G01  
**Email:** radiology@sah.org.au

Patient Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

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

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

MRN: \_\_\_\_\_

### EXAMINATION REQUIRED (Please turn over for site locations/directions)

- Digital X-Ray \_\_\_\_\_
- EOS® – Long Length Imaging \_\_\_\_\_
- Fluoroscopy \_\_\_\_\_
- CT \_\_\_\_\_
- CT Coronary Angiography \_\_\_\_\_
- PET-CT \_\_\_\_\_  + Diagnostic CT \_\_\_\_\_
- Nuclear Medicine \_\_\_\_\_
- BMD/DEXA \_\_\_\_\_
- Digital Mammography \_\_\_\_\_  +/- Breast Ultrasound \_\_\_\_\_
- Ultrasound \_\_\_\_\_
- Vascular Ultrasound \_\_\_\_\_
- MRI \_\_\_\_\_
- Echocardiography \_\_\_\_\_
- Interventional Procedure\* \_\_\_\_\_

*\* Please accept this form as a referral for this patient for investigation, opinion, treatment and/or management of a condition or problem.*

### CLINICAL NOTES

- \* Previous contrast allergy?  Yes  No
- \* Could the patient be pregnant?  Yes  No
- \* Is patient diabetic?  Yes  No
- \* Creatinine: \_\_\_\_\_ on / /

### REFERRER DETAILS

Name: \_\_\_\_\_

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

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

Copy to: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

*Your doctor has recommended you use San Radiology and Nuclear Medicine.  
You may choose another provider but please discuss this with your doctor first.*

**PLEASE TICK TO OPT OUT OF PRINTED IMAGES**  
All images are available online

## MY APPOINTMENT DETAILS

Appt Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Appt Time: \_\_\_\_\_

Note: \_\_\_\_\_

## PATIENT INFORMATION

- For a quicker check in, please email, fax or scan the QR code to send this request ahead of your appointment. Please bring this request and any relevant previous imaging with other providers to your appointment.
- If you are **diabetic** please inform our team at the time of making your appointment as modified preparation instructions may apply.

## HOW TO FIND US

### San Radiology | PET-CT:

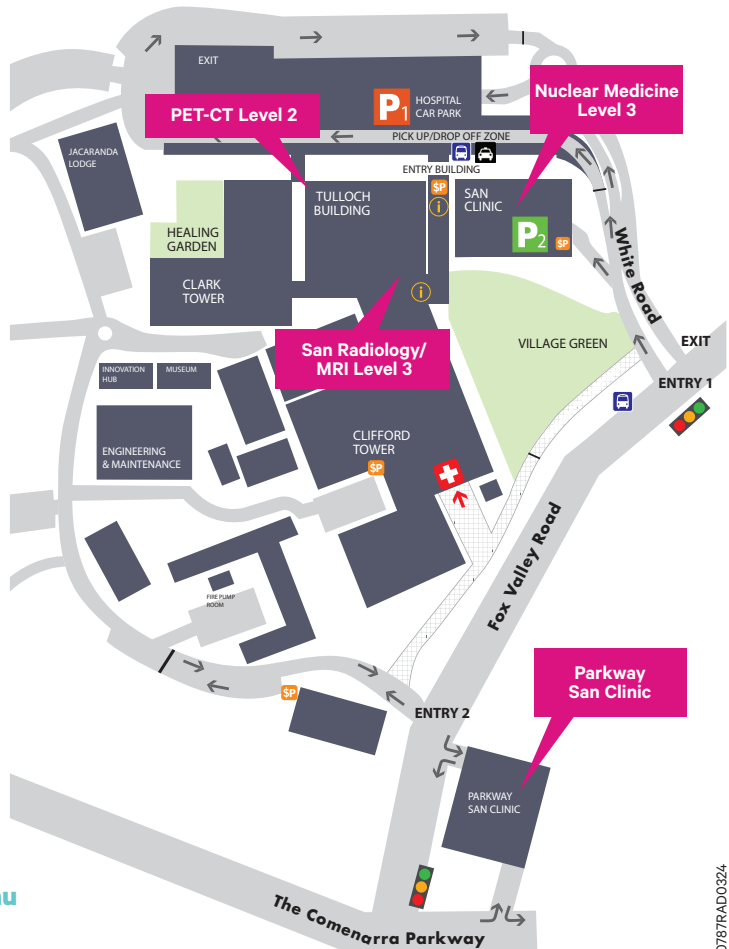
Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P<sub>1</sub>**

### Nuclear Medicine:

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P<sub>2</sub>**

### Parkway San Clinic:

Entry and exit to and from the Parkway San Clinic carpark is left in and left out only, on both Fox Valley Road and the Comenarra Parkway.



[www.sanradiology.com.au](http://www.sanradiology.com.au)

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