LINK RADIOLOGY

Imaging Request

Phone: 07 3054 4306 Fax: 07 3054 4392
770 Albany Creek Road,
Albany Creek Qld 4035
www.linkradiology.com.au

Patient Details:

Examination Required:

X-RAY

CT SCAN

ULTRASOUND

DENTASCAN

OPG

Clinical Details:

Pregnancy Y/N

Contrast Allergy Y/N

eGFR _____

Technologist use only

- ☐ **Patient identification verified**
- ☐ **Procedure / consent verified**
- ☐ **Site / side verified**
- ☐ **Patient data / side markers**

Technologist initials: _____

Referrer Details:

Signature: _____

Images & reports are delivered electronically.
PLEASE CHECK BOX IF FILMS ARE REQUIRED ☐

Your doctor has recommended that you use Link Radiology.
You may choose another provider but please discuss this with your doctor.