

San Radiology & Nuclear Medicine

SPINAL & MUSCULOSKELETAL IMAGING REQUEST

or Interventional Procedure Referral

Please scan here to
request an appointment



DR TOOS SACH FRANZCR

San Radiology Provider No. 413957PX
Parkway San Clinic Provider No. 413957NJ

SYDNEY ADVENTIST HOSPITAL

Radiology

185 Fox Valley Rd, Wahroonga NSW 2076
Level 3, Tulloch Building
E: radiology@sah.org.au

PARKWAY SAN CLINIC

172 Fox Valley Rd, Wahroonga NSW 2076
Ground Floor, Suite G01
E: radiology@sah.org.au

Patient Name: _____

D.O.B: _____

Address: _____

Postcode: _____

Phone: _____

Mobile: _____

MRN: _____

INTERVENTIONAL PROCEDURE REQUIRED

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

FACET JOINT CORTISONE INJECTION

- Cervical _____ (indicate level/s)
- Lumbar _____ (indicate level/s)
- Other Joint Aspiration/Injection _____
- Other _____

PERIRADICULAR BLOCK

- Cervical _____ (indicate level/s)
- Lumbar _____ (indicate level/s)
- Other Perineural Block _____
- Other _____

DISCOGRAM _____ (indicate level/s)

MYELOGRAM

- Cervical _____ (indicate level/s)
- Lumbar _____ (indicate level/s)

PLATELET RICH PLASMA INJECTION

- Tendon/Ligament _____
- Joint _____

CSF LEAK STUDY _____ (indicate level/s)

SPINAL BIOPSY _____ (indicate level/s)

PUDENDAL NERVE BLOCK _____

SACROILIAC LIGAMENT COMPLEX
ASSESSMENT AND TREATMENT _____

SYNVISIC JOINT INJECTION _____

OTHER EXAMINATION _____

CLINICAL NOTES

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

Previous contrast allergy? Yes No

Could the patient be pregnant? Yes No

Is patient diabetic? Yes No

Creatinine: _____

PATIENT INFORMATION:

Abdominal Arterial Duplex

(including Aorta, iliac, mesenteric artery, EVAR)

- Do not drink or eat 6 hours prior to your appointment time
- Do not chew gum or smoke prior to your examination
- Take medications as normal

Renal Artery Studies

- Do not drink or eat 6 hours prior to your appointment time
- Do not chew gum or smoke prior to your examination
- Take medications as normal
- Stay well hydrated the day before your examination

Carotid and Vertebral Arteries (extracranial)

- No special preparation necessary

Venous Studies and Arterial Lower Limb Studies

- If you currently have bandaged leg wounds please inform reception
- Please coordinate with your wound carer the necessity of removing and reapplying any bandages prior to and following your examination.

Diabetic Patients:

If you are diabetic please inform reception at time of booking. For examinations requiring you to fast, book the earliest appointment possible. Continue your usual diet and medications unless instructed otherwise.

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.

MY APPOINTMENT DETAILS

Appt Date: _____ / _____ / _____

Appt Time: _____

Note: _____

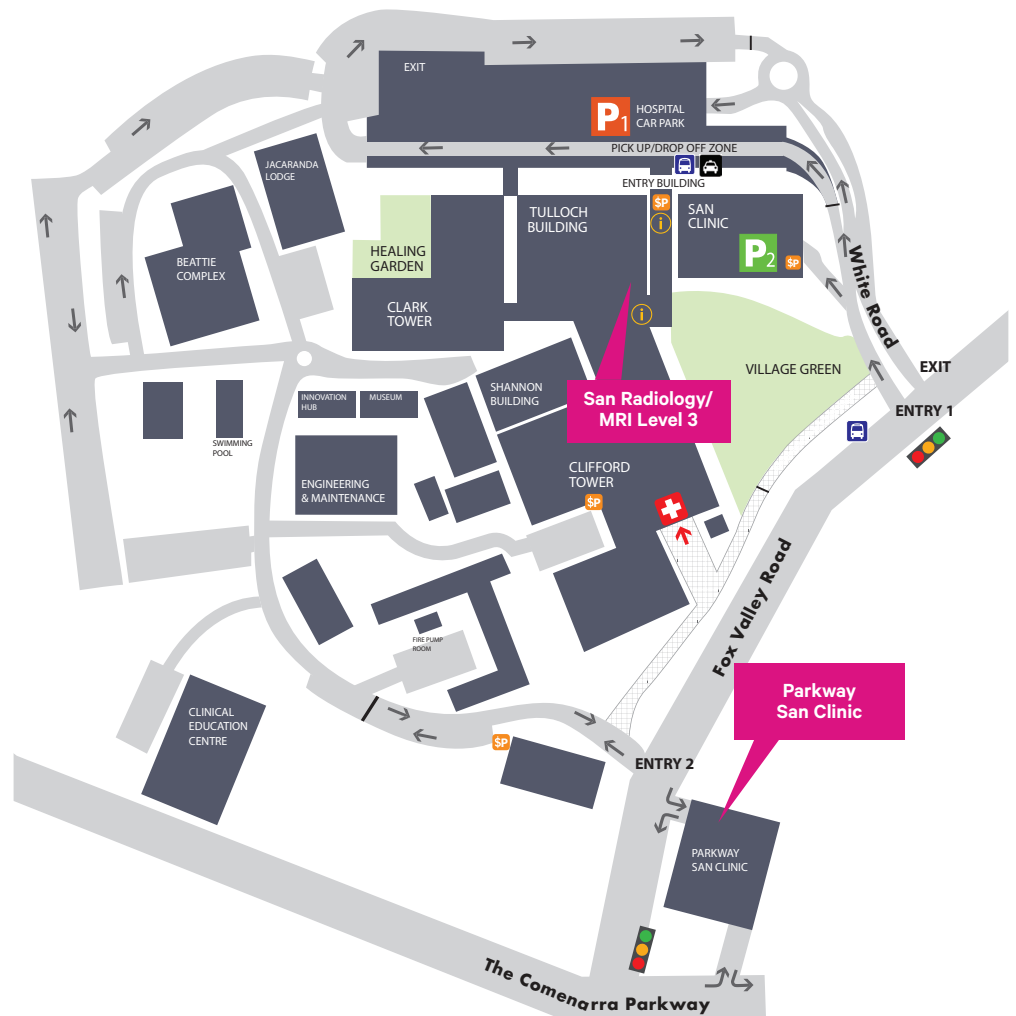
HOW TO FIND US

San Radiology:

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P₁**

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

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