



Office Hours
Monday-Friday
8:30am-5:00pm

ENGADINE	(PH) 02 9037 6533	(F) 02 9037 6597
WOONONA	(PH) 02 4284 8887	(F) 02 4284 8882
WARILLA	(PH) 02 4297 4449	(F) 02 4297 4442
DAPTO	(PH) 02 4249 3111	(F) 02 4249 3112
LIVERPOOL	(PH) 02 8859 9422	(F) 02 8859 9423
HAYMARKET	(PH) 02 9053 1911	(F) 02 9053 1921

PATIENT INFORMATION

Name:

DOB:

Address:

Telephone:

Medicare No:

EXAMINATION REQUIRED

CLINICAL NOTES

REFERRING DOCTOR

Name:

Provider No:

Address:

Telephone:

Fax Number:

Signature:

Date:

FILMS & REPORT

- To Patient
- Fax
- Delivery
- Email
- More Requests

Send Copy to:

EXAMINATION PREPARATIONS

X-Ray / Dental Imaging
No appointment necessary.

X-rays do not require any special preparation. Metal objects such as watches, keys, coins and jewellery will show up on the x-ray affecting the images and therefore may need to be removed.

Ultrasound
If you have been referred for an Ultrasound Scan by your doctor, please contact your preferred site to arrange your appointment.

- For upper abdomen studies (such as liver, spleen, gallbladder, and pancreas) do not eat, drink or smoke for 6 hours before your appointment. Continue to take any medication.

- For lower abdomen studies (such as pelvis, pregnancy, kidney and prostate) you must have a full bladder at the time of the appointment. Empty your bladder 1 and 1/2 hours before your appointment and then drink 1 litre of water, finishing 1 hour before your appointment time. **Do not empty your bladder after this.**

Generally, you will be most comfortable if you wear loose fitting clothing. You will need to remove clothing and jewellery in the area to be examined and will be provided with a gown to wear.

CT Scan
CT Brain/Neck/Chest/Abdomen/Pelvis.
Nothing to eat 2 hours prior to examination, Stay hydrated.

WE ONLY USE ULTRA LOW-DOSE CT AT FOCUS RADIOLOGY

CARDIAC IMAGING

Request For:

- CTCA (Non Medicare Rebateable)
- Cardiac Consultation to assess suitability for CTCA

Patient Symptoms / Clinical History:

- Chest Pain
- Palpitations
- Shortness of Breath
- Abnormal ECG (Please Attach)

Other: _____

PATIENT CLINICAL HISTORY

- Contrast Allergy Yes No
- Renal Compromise Yes No

Creatinine:

EGFR:

Date:

Other: (Please Specify)

Appointment Date: _____

Time: _____

- ➔ Please bring request forms, previous reports and scans for comparison.
- ➔ Detailed patient instructions will be given at the time of making appointment.

➔ PRACTICE LOCATIONS



➔ LIVERPOOL

(P) 02 8859 9422

(F) 02 8859 9423

2/279 Macquarie Street,
Liverpool NSW 2170



➔ ENGADINE

(P) 02 9037 6533

(F) 02 9037 6597

1-3 Station Street,
Engadine NSW 2233

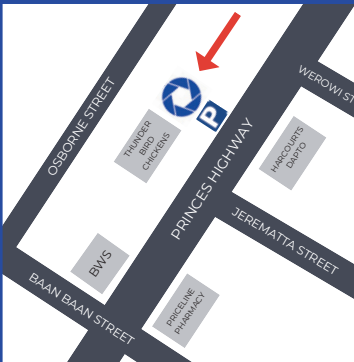


➔ WOONONA

(P) 02 4284 8887

(F) 02 4284 8882

3/44 Hopetoun Street,
Woonona NSW 2517

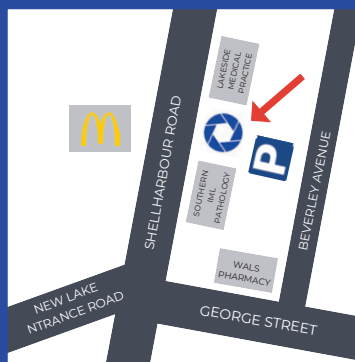


➔ DAPTO

(P) 02 4249 3111

(F) 02 4249 3112

1/20 Princes Hwy,
Dapto, NSW 2530

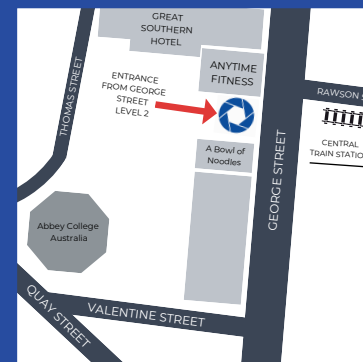


➔ WARILLA

(P) 02 4297 4449

(F) 02 4297 4442

103 Shellharbour Road,
Warilla NSW 2528



➔ HAYMARKET

(P) 02 9053 1911

(F) 02 9053 1921

Upper Ground 727 George Street,
Sydney NSW 2000

➔ OFFICE HOURS

Monday-Friday 8:30am - 5:00pm
Saturday (by appointment only)

➔ BULK BILLING

All Procedures are bulk billed where medicare applicable.
Your doctor has requested you use Focus Radiology,
you may use another provider but please consult with your doctor first.

➔ SERVICES OFFERED

	Xray	Ultrasound	CT	Calcium Score	Interventional Procedures	Elastography	Lat Ceph	OPG	Bone Mineral Density	MRI	Cardiac CT
ENGADINE	●	●	●	●	●	●		●	●		●
WOONONA	●	●	●		●			●			
WARILLA	●	●	●		●	●		●			
DAPTO	●	●	●	●	●	●	●	●	●	●	●
LIVERPOOL	●	●	●	●	●	●					●
HAYMARKET	●	●	●	●	●	●		●	●	●	●