Imaging Request

I-MED Radiology Network
Comprehensive care. Uncompromising quality.

Scan the QR code to book an appointment or book online at i-med.com.au/book-appointment

Patient

Ms Elaine HAUGH
Gender:Female
DOB:08/09/1988 (35 years)
E:emehaugh@gmail.com
M:0457194283
Residential Address
36 Elizabeth Street
EUROA VIC 3666
Medicare
3503 54622 7/1

Examination Required

CT coronary angiogram

PLEASE BRING PREVIOUS FILMS FOR COMPARISON

IV Contrast Alert

Contrast Allergy
☐ Yes ☉ No

Renal Disease
☐ Yes ☉ No

Diabetes Metformin treatment
☐ Yes ☉ No

Creatinine level:

eGFR:

Date: 01 July 202

MRI
Indicate whether the following applies to your patient.

History of welding, grinding, sheet metal work
☐ Yes ☐ No

Cardiac pacemaker
☐ Yes ☐ No

Brain aneurysm clip
☐ Yes ☐ No

Cochlear implant
☐ Yes ☐ No

Intravascular coils, filters, stents
☐ Yes ☐ No

Obstetric Ultrasound Previous Uterine surgery/ Instrumentation
☐ Yes ☐ No

Number:

Date LMP:

Clinical Notes

Chest pain

Presentation to GVBH 1.5 weeks ago
ECG s: mild ST depression in
Abnormal D-dimer, negative DVT ultrasound
April, also did negative CTPA.

CV Risk: nil family history; nil diabetes, cholesterol or smoking. Erratic BP, occasional hypertension.

Some pericardial features to the chest pain (pleuritic) —> please exclude pericardial thickening/fluid

Referring Doctor (Please include provider no. and CC Dr.)

Dr Christopher Neil
Cardiologist
Heartwise
Luminus Suites 58A Whitehorse Rd
DEEPDENE VIC 3103
Provider 242053WB
Phone: 1300 870 772
Results to:-
email: info@heartwise.me
fax: 03 8679 0579

Staff Use Only:
Time out section - tick to complete:
☐ Correct Patient verified
☉ Correct procedure, side & site
☐ Correct Patient data
☉ Patient consented and form signed

Signature

Date 01 July 2024

Films & Report

☐ With patient ☐ Fax ☉ Request for new referral pads

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