

Full Name:

DOB:

Sex:

Address:

Phone/Mobile:

Medicare No:

<AFFIX PATIENT IDENTIFICATION LABEL HERE>

Appointment Date & Time (NIV Use Only):

Interpreter required? ☐ Yes ☐ No

Language requested:

Category: ☐ OP ☐ ED ☐ IP

Patient Location: Unit: Bed:

Request details

Modality Requested:

- ☐ X-Ray ☐ Nuclear Medicine
☐ CT ☐ Fluoroscopy
☐ Ultrasound ☐ Angiography/Intervention
☐ MRI ☐ Other:

Clinical Details & Question(s)

Exam(s) / Procedure(s) requested:

Pre-exam Checklist

Patient information

Allergies: ☐ Y ☐ N List:

Claustrophobia: ☐ Y ☐ N

Pregnancy: ☐ Y ☐ N

Patient weight (if >100kg):

IV Contrast Checklist

Diabetic: ☐ Y ☐ N

Metformin: ☐ Y ☐ N

Recent eGFR: Date:

Previous IV Contrast Reaction: ☐ Y ☐ N

MRI Screening Checklist

☐ Y ☐ N Cardiac pacemaker

☐ Y ☐ N Brain aneurysm clip

☐ Y ☐ N Cochlear implant

☐ Y ☐ N History of welding, grinding, sheet metal work

☐ Y ☐ N Eye injury caused by metal

☐ Y ☐ N Metal implant(s) or stent(s)

☐ Y ☐ N General Anaesthesia/Sedation required

Requesting Doctor (All fields **MUST** be completed)

Requestor: ☐ Consultant ☐ Registrar ☐ HMO ☐ Intern

Copy Results to:

Full name:

Provider no:

Contact/Pager #:

Treating Consultant:

Treating Unit/Specialty:

Signature:

Date:

Please contact our team on (03) 8405 9600 if you require digital access to images and results

Your doctor has recommended you to use **Northern Imaging Victoria**.
Please discuss with your doctor before choosing a different imaging provider.

Northern Hospital Epping 185 Cooper Street, Epping Ph: (03) 8405 9600
Broadmeadows Hospital 35 Johnstone Street, Broadmeadows Ph: (03) 8345 5707
Bundoora Centre 1231 Plenty Road, Bundoora Ph: (03) 9495 3100 Inpatient services only
Kilmore District Hospital 1 Anderson Road, Kilmore Ph: (03) 5734 2146
Craigieburn Centre 121 Lygon Drive, Craigieburn Opening the 29th of September 2025

X-ray	Ultrasound	CT	MRI	Mammography	Nuclear Med.	PET/CT Scan	OPG	Fluoroscopy	Angiography
●	●	●	●	●	●	●	●	●	●
●	●	●	●						
●									
●	●	●							
●	●	●							

Diagnostic Imaging Use Only

Patient identification & procedure matching

- ☐ Full name
☐ D.O.B.
☐ Address
- Correct examination:
☐ Y
☐ N
- Correct side / site:
☐ Y
☐ N
☐ N/A
- ☐ Ward / Staff / Relative assisted with patient identification

The following processes have been confirmed prior to commencing:
☐ Justification
☐ Optimisation
☐ Approval
☐ Consent

Name & Position:

Signature:

Patient Pregnancy & Breastfeeding Checklist

- Pregnancy Status:
☐ Y
☐ N
- Gestational age:
.....
- LMP:
.....
- Breastfeeding:
☐ Y
☐ N
☐ N/A

Patient signature:

Technologist notes