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STRATHPINE SPECIALIST CENTRE
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Dr Michael Crouch

PATIENT DETAILS

STUDY

HISTORY

REFERRER DETAILS

Signature

.....

Modalities: X-Ray, Ultra-low dose CT, Ultrasound, Mammography, Echocardiography, BMD

PRE-EXAMINATION CHECK

I confirm that prior to this examination the following processes were completed:

- Patient ID & Procedure Matching Process
- Informed Consent Obtained

MRP / Sono Signature.....

Date.....

FOR ALL EXAMINATIONS USING RADIATION

PREGNANT? YES NO

PT TO SIGN:.....

I confirm that prior to this examination the following processes were completed:

- A Justification and Approval process

MRP Signature.....

MY APPOINTMENT

Date: _____

Time: _____

Other: _____

Please call us if you are unable to make this appointment on **07 2112 2000**

- X-Ray
- Low dose CT
- Ultra low dose CT for fractures
- Ultrasound
- Mammography
- Interventional Procedures
- Echocardiography
- BMD
- Dental
- Body Composition

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