CLOUD RADIOLOGY

Phone (07) 2112 2000
Fax (07) 2112 2001

STRATHPINE SPECIALIST CENTRE
Suite 11/32 Dixon St,
Strathpine QLD 4500

bookings@cloudradiology.com.au
cloudradiology.com.au

Dr Michael Crouch

PATIENT DETAILS

Date:

Name: DOB:

Medicare #:

Patient Address:

STUDY

Study Required:

HISTORY

Reason for Study

REFERRER DETAILS

Referring Practitioner Name

Referring Practitioner Address:

Notes

Signature

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 Justrification and Approval process

MRP Signature.....

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