



Patient Details

Examination Required

Reasons for Investigation

Referring Doctor's Details

Doctor's name

Address:

For office use only

PRE-EXAMINATION CHECK

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

- Patient ID & Procedure Matching Process
- Informed Consent Obtained

Clin Staff sign:

Date:

FOR ALL EXAMINATION 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 to sign:

Signature*:

Date:

Do not send to MyHealth Record