

# San Radiology & Nuclear Medicine

## Spinal Imaging Request & Interventional Procedure Referral

Please scan here to  
request an appointment



### SYDNEY ADVENTIST HOSPITAL

185 Fox Valley Rd  
Wahroonga NSW 2076

#### Radiology

Level 3, Tulloch Building  
E: radiology@sah.org.au

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ MRN: \_\_\_\_\_

### INTERVENTIONAL PROCEDURE REQUIRED

Please accept this form as a referral for this patient for investigation,  
opinion, treatment and/or management of a condition or problem.

#### FACET JOINT CORTISONE INJECTION

- Cervical \_\_\_\_\_ (indicate level/s)  
 Lumbar \_\_\_\_\_ (indicate level/s)  
 Other \_\_\_\_\_

#### PERIRADICULAR BLOCK

- Cervical \_\_\_\_\_ (indicate level/s)  
 Lumbar \_\_\_\_\_ (indicate level/s)  
 Other \_\_\_\_\_

#### PERINEURAL INJECTION / BLOCK

- Greater Occipital Nerve  
 Pudendal Nerve  
 Other \_\_\_\_\_

#### DISCOGRAM \_\_\_\_\_ (indicate level/s)

#### MYELOGRAM

- Cervical \_\_\_\_\_ (indicate level/s)  
 Lumbar \_\_\_\_\_ (indicate level/s)

#### VERTEBROPLASTY \_\_\_\_\_ (indicate level)

#### CSF LEAK +/- BLOOD PATCH \_\_\_\_\_ (indicate level)

#### SPINAL BIOPSY \_\_\_\_\_ (indicate level)

#### OTHER EXAMINATION \_\_\_\_\_

### REFERRER DETAILS

Name: \_\_\_\_\_ Provider No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Copy to: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your doctor has recommended you use San Radiology and Nuclear Medicine.  
You may choose another provider but please discuss this with your doctor first.

### CLINICAL NOTES

Previous contrast allergy?  Yes  No  
Could the patient be pregnant?  Yes  No  
Is patient diabetic?  Yes  No  
Creatinine: \_\_\_\_\_

PLEASE TICK TO OPT OUT OF PRINTED IMAGES  
All images are available online

## PATIENT INFORMATION

Please enquire at the time of making your appointment. In most instances, you will:

- Be required to stay in the department for up to 1 hour after your procedure.
- You will not be able to drive after your procedure so will need to make arrangements for an escort/transportation home.
- For a quicker check in, please email, fax or scan the QR code to send this request ahead of your appointment. Please bring this request and any relevant previous imaging with other providers to your appointment.

## HOW TO FIND US

### San Radiology

Enter the Hospital entrance at the traffic lights on Fox Valley Road (Entry 1). Park in **P<sub>1</sub>**

## MY APPOINTMENT DETAILS

Appt Date:     /     /

Appt Time:     \_\_\_\_\_

Note:     \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



[www.sanradiology.com.au](http://www.sanradiology.com.au)

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