National **Lung** Cancer **Screening** Program **Imaging Request**

Light Radiology
LIGHTENING YOUR IMAGING JOURNEY

The low-dose ct (LDCT) scan is fully funded under Medicare however your doctor may charge a consultation fee for the request and any follow up required.

Patient Details (or affix label)

Patient Name:

Address:

DOB: ☐☐/☐☐/☐☐☐☐ Phone: ☐☐☐☐☐☐☐☐☐☐

Medicare Number: ☐☐☐☐ ☐☐☐☐☐☐ MBI ☐

Aboriginal/Torres Strait Islander Origin:

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Straight Islander
☐ Prefer not to answer

Clinical Information

☐ This patient meets the eligibility criteria of the National Lung Cancer Screening Program

Type of screening test:

☐ 2 Yearly scan: ☐ New participant OR ☐ Participant returning for two-year scan

OR

☐ **Interval scan to monitor previous findings**
(1,2,3, 6 Or 12 month interval scan as determined in previous NLSP LDCT report)

☐ Any previous chest CT Date (if known): ☐☐/☐☐/☐☐☐☐

Radiology provider/location (if known):

☐ **Family history of lung cancer in a first-degree relatives** (only required for first/baseline LDCT)
(First-degree relatives include parents, siblings or children)

History of any Cancer ☐ No ☐ Yes (if yes, provide details)

Additional clinical / other notes, if required

Requesting practitioner (or affix label)

Name:

Provider Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address:

Phone: ☐☐☐☐☐☐☐☐☐☐ **Fax:** ☐☐☐☐☐☐☐☐☐☐

Signature: **Date:** ☐☐/☐☐/☐☐☐☐

Send copy to:

Your personal information, including results of low-dose ct scans and other ct imaging completed for the purposes of screening as part of the NLSP providers for your first low-dose ct scan and your second low-dose ct scan, the first radiology provider may disclose your low-dose ct images to the second radiology provider to facilitate comparison of the results of the two low-dose ct scans. By participating in the NLSP, you consent to the use of your personal information by healthcare providers, specialists and radiologists, for the purposes of the program, and the disclosure and collection of your personal information between healthcare providers, specialists and radiologists for the purposes of the program.

Please bring to your appointment:

- Referral forms
- Previous scans and x-rays completed elsewhere for comparison
- Medicare card, DVA card or WorkCover
- Detailed patient instructions will be given at the time of making appointment

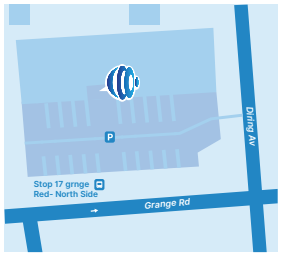
Booking Enquiry!
Complete our booking form and one of our staff will contact you, or call one of our clinics above.

Our Clinic

Shop 9 Southgate Plaza, 90-108, Sheriffs Road, MORPHETT VALE, SA 5162
08 7093 1977 08 7093 1978
morphettvale@lightradiology.com.au

Clinic Hours
Monday – Friday:
8:30am – 5:00pm

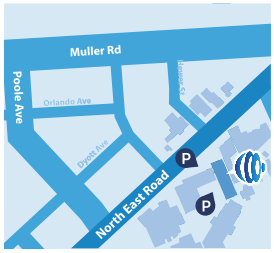
Parking
Parking available at rear of building



3/205-209 Grange Rd, Findon, SA 5023
08 7095 9442 08 7095 9425
findon@lightradiology.com.au

Clinic Hours
Monday – Friday:
8:30am – 5:00pm

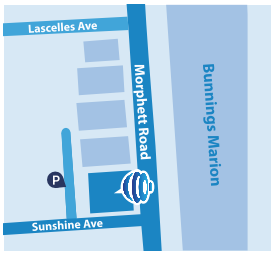
Parking
Ample parking available for patients onsite



282 North East Road KLEMZIG, SA 5087
08 7081 4144 08 7081 4139
klemzig@lightradiology.com.au

Clinic Hours
Monday – Friday:
8:30am – 5:00pm

Parking
Ample parking available for patients onsite



464 Morphett Road WARRADALE, SA 5046
08 7082 0833 08 7082 0834
marion@lightradiology.com.au

Clinic Hours
Monday – Friday:
8:30am – 5:00pm

Parking
Parking available at rear of building

88 King William Road, GOODWOOD, SA 5034
08 70822 0844 08 7082 0845
unley@lightradiology.com.au

Clinic Hours
Monday – Friday:
8:30am – 5:00pm

Parking
Parking available at rear of building

Examination Preparations

X-Ray / Dental Imaging

X-rays do not require any special preparation. Metal objects such as watches, keys, coins and jewellery will show up on the x-ray affecting the images and therefore may need to be removed.

Ultrasound

For upper abdomen studies (such as liver, spleen, gallbladder, and pancreas):

- do not eat, drink or smoke for 6 hours before your appointment. Continue to take any medication.

For lower abdomen studies (such as pelvis, pregnancy, kidney and prostate):

- you must have a full bladder at the time of the appointment. Empty your bladder 1½ hours before your appointment and then drink 1 litre of water, finishing 1 hour before your appointment time. **Do not empty your bladder after this.**

Generally, you will be most comfortable if you wear loose fittng clothing. You will need to remove clothing and jewellery in the area to be examined and will be provided with a gown to wear.

CT Scan

For CT Brain / Neck / Chest / Abdomen / Pelvis.

- Nothing to eat 2 hours prior to examination, Stay hydrated.

WE ONLY USE ULTRA LOW-DOSE CT AT LIGHT RADIOLOGY

Services offered:

- General X-ray
- Ultrasound
- Low Dose CT
- MRI
- Cardiac CT
- DEXA
- OPG
- Interventional Procedures
- Elastography