

# National Lung Cancer Screening Program Imaging Request



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 Strait 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.

## CONTACT US FOR AN APPOINTMENT

### COOLUM:

T 07 5391 4966

F 07 5391 4971

[coolum@quantumimaging.com.au](mailto:coolum@quantumimaging.com.au)

### NAMBOUR:

T 07 5370 2088

F 07 5370 2097

[nambour@quantumimaging.com.au](mailto:nambour@quantumimaging.com.au)

### NOOSA:

T 07 5227 8555

F 07 5227 8535

[noosa@quantumimaging.com.au](mailto:noosa@quantumimaging.com.au)

### TEWANTIN:

T 07 5391 4911

F 07 5391 4922

[tewantin@quantumimaging.com.au](mailto:tewantin@quantumimaging.com.au)

## PREPARATION FOR YOUR APPOINTMENT

### CT SCANS:

#### CT neck, chest, abdomen, pelvis, kidneys, aorta:

- For 4 hours prior to your scan, do not eat.
- In the hour prior to your scan, drink 4 glasses of water.

#### CT coronary angiogram, CT calcium score:

- 12 hours prior to your scan, take Metoprolol (if asked to).
- In the 4 hours prior to your scan, do not exercise, eat, or consume caffeine (coffee, tea, chocolate).
- 1.5 hours prior to your scan, take Metoprolol (if asked to). Drink 4 glasses of water over the next hour.

#### CT brain, sinuses, facial bones, spine, joints, limbs:

- No preparation required.

### ULTRASOUND SCANS:

#### US upper abdomen, liver, gallbladder, pancreas, aorta:

- In the 6 hours prior to your scan, do not eat or drink.

#### US kidneys, bladder, pelvis, pregnancy, prostate:

- Starting 1.5 hours prior to your scan, drink 3 glasses of water over the next hour. Don't empty your bladder.

#### US neck, thyroid, breast, testes, veins, musculoskeletal:

- No preparation required.

### MRI SCANS:

#### MRI safety:

Tell us prior to your appointment if you have an aneurysm clip, cochlear implant, hearing aid, pacemaker, defibrillator, prosthetic heart valve, vascular stent, neurostimulator, joint replacement, surgical clips or body piercing.

#### If you are anxious or claustrophobic:

Discuss possible oral sedation with your referrer prior to your appointment. If you take sedatives prior to your scan, you will need someone else to drive you home afterwards.

#### MRI abdomen, liver, pancreas, MRCP, prostate:

- In the 6 hours prior to your scan, do not eat.

#### MRI pituitary, IAMS, neck, post-surgery spine, pelvis:

- In the 2 hours prior to your scan, do not eat.

#### MRI brain, cerebral arteries, spine, joints, limbs:

- Eat and drink as normal.

### X-RAY, OPG AND BONE DENSITY (DEXA):

- No preparation required.

## PLEASE BRING TO YOUR APPOINTMENT

- ☐ This Referral.
- ☐ Medicare card.
- ☐ Concession/DVA/Pension card (if applicable).
- ☐ Workcover number/approval letter (if applicable).

- ☐ Prior reports of the area being scanned (if applicable).
- ☐ Wear clothing without metal buttons or zips.
- ☐ Remove jewellery from the area being scanned.

## WHERE TO FIND US

### COOLUM:

127 Greenoaks Dr  
(Opposite  
Jetts Gym)

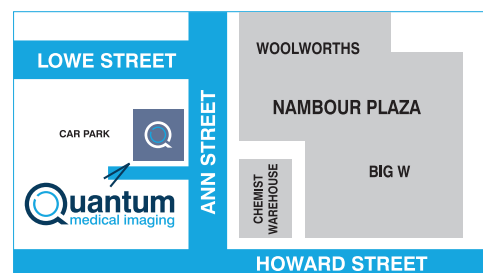
Scan to  
view details



### NAMBOUR:

15 Ann St  
(Opposite  
Nambour Plaza)

Scan to  
view details



### NOOSA:

Noosa Fair  
Shopping Centre  
(Opposite Coles)

Scan to  
view details



### TEWANTIN:

88 Poinciana Ave  
(Next to  
Woolworths)

Scan to  
view details

