

JMO GUIDE TO COMPLETING AN ONLINE ORDER FOR MEDICAL IMAGING

Back to start

Order entry

Brain- No Contrast [CT] **CAL-MI**

CTBRPLAIN [Single] Normal priority

Order

Admission number: <No admission selected>

Patient status: Outpatient (-)

Patient mobility: -

Requesting physician: -

Requesting department: -

Requesting hospital: -

0 parties will receive the results

Extra remark

Clinical Information:

0 attachments

0 linked diagnostic code(s)

Date of Referral: Date

Ordering Doctor's Name: String

Ordering Doctor's Contact/Pager Number: String

Financial Class: -

Allergies?: -

Allergy details: String

Infections?: -

Infection details: String

Patient pregnant?: -

Comes with IV

Requires Contrast

What would you like to do?

Confirm order

2:02 PM

Always ensure procedure selected is a CAL-MI procedure, not a TCH-MI procedure, otherwise the request will go to Canberra Hospital

Always select current admission number from dropdown menu (one at the top is current) This will automatically change patient status to 'inpatient' if admitted and update patient location

Add admitting specialist to this window (it should auto populate if you select an admission number)


Please add relevant clinical symptoms and PMH and always include a clinical question ie. What are you looking for or trying to exclude? This helps MI produce the most accurate type of imaging to answer your questions.

Please add your full name and contact details. This is important for legal reasons and also for MI to be able to consult with you if required.

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Allergy details

Infections?

Infection details

Patient pregnant?

Comes with IV

Requires Oxygen

Escorted by Nurse

Requires Interpreter

Escorted by/Requires Other

Images Available

Requested procedure

Order status ORDERED

Precautions:
Fast for 4 hours prior to your appointment. Please take essential medication with a sip of water.
Please bring a copy of your recent renal function blood test from your GP.

Placer priority

Preferably between and


Performing department CAL-MI | CAL MEDICAL IMAGING

0 attachments

Complete questionnaire

0 linked diagnostic code(s)

What would you like to do?

 Confirm order

This information is very helpful when organising patient transport

Select priority of procedure according to **clinical** urgency.

Please complete questionnaire for all CT scans. Important to indicate if patient is bariatric to ensure safe transport and MH.