



**ULTRAMOBILE
RADIOLOGY**

MOBILE X-RAY & ULTRASOUND

Mobile Radiology Request Form

Mobile X-Ray | Mobile Ultrasound

Patient Name:

Date Of Birth:

Address or Facility:

Staff Contact/Telephone:

Medicare Card/DVA Number:

Requested Examination & Clinical Details:

For Mobile X-Ray Please Circle Below:

- Post Fall | ? Fracture | ? Dislocation
- CXR For Heart Failure
- CXR For Pneumonia, Infection or Pleural Effusion
- Abdomen For Obstruction
- Urgent DVT Doppler Ultrasound

Referring Clinician

Name | Signature | Address:

Report Copies To:

- Name of Patients Usual GP:
- Referrer Contact Number for Any Urgent or Unexpected Findings:

Date:

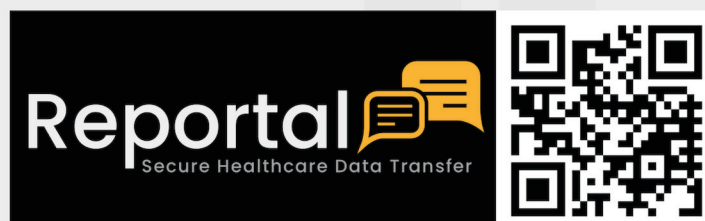
Provider Number:

Mobile Ultrasound Examinations Can Include:

Urgent DVT Doppler Ultrasound
Arterial Doppler Vascular Studies - Inc ABI's
Carotid Artery Ultrasound
Abdomen, Liver, TA Pelvis Ultrasound
Thyroid Ultrasound
Testes & Hernia Ultrasound
Musculoskeletal Ultrasound

Mobile X-Ray Examinations Can Include:

Chest X-Rays
Abdomen X-Rays
Pelvis & Hips Xrays
Spinal X-Rays
All Extremities



Reportal is a WebApp available to all Aged Care Facilities, to book all Ultra Mobile Radiology X-Rays and Ultrasounds.

Secure online data transfer for all confidential patient information.

- Send Radiology Request Forms
- Receive your residents Radiology Reports
- Live Chat to our team to confirm X-Ray & Ultrasound bookings

Please scan QR Code above to log in to Reportal or visit www.reportal.health

Your doctor has requested that you use Ultra Mobile Radiology. You may choose another provider, however it is important that you discuss this with your doctor first

Healthcare Innovation with Ultra Mobile Radiology

Contact Ultra Mobile Radiology:

 clinical@ultramobileradiology.com.au
 8490 5555
 0400 374 906
 www.ultramobileradiology.com.au | www.reportal.health

Ultra Mobile Radiology's images are available through Jones Radiology Interviewer portal at all SA Health sites

Office Use Only

Patient Name ☐
Date Of Birth ☐
Third Identifier ☐
Correct Side Imaged ☐
Exam Justified ☐
Patient or NOK Consent ☐
RN/Staff Informed of Attendance ☐

