

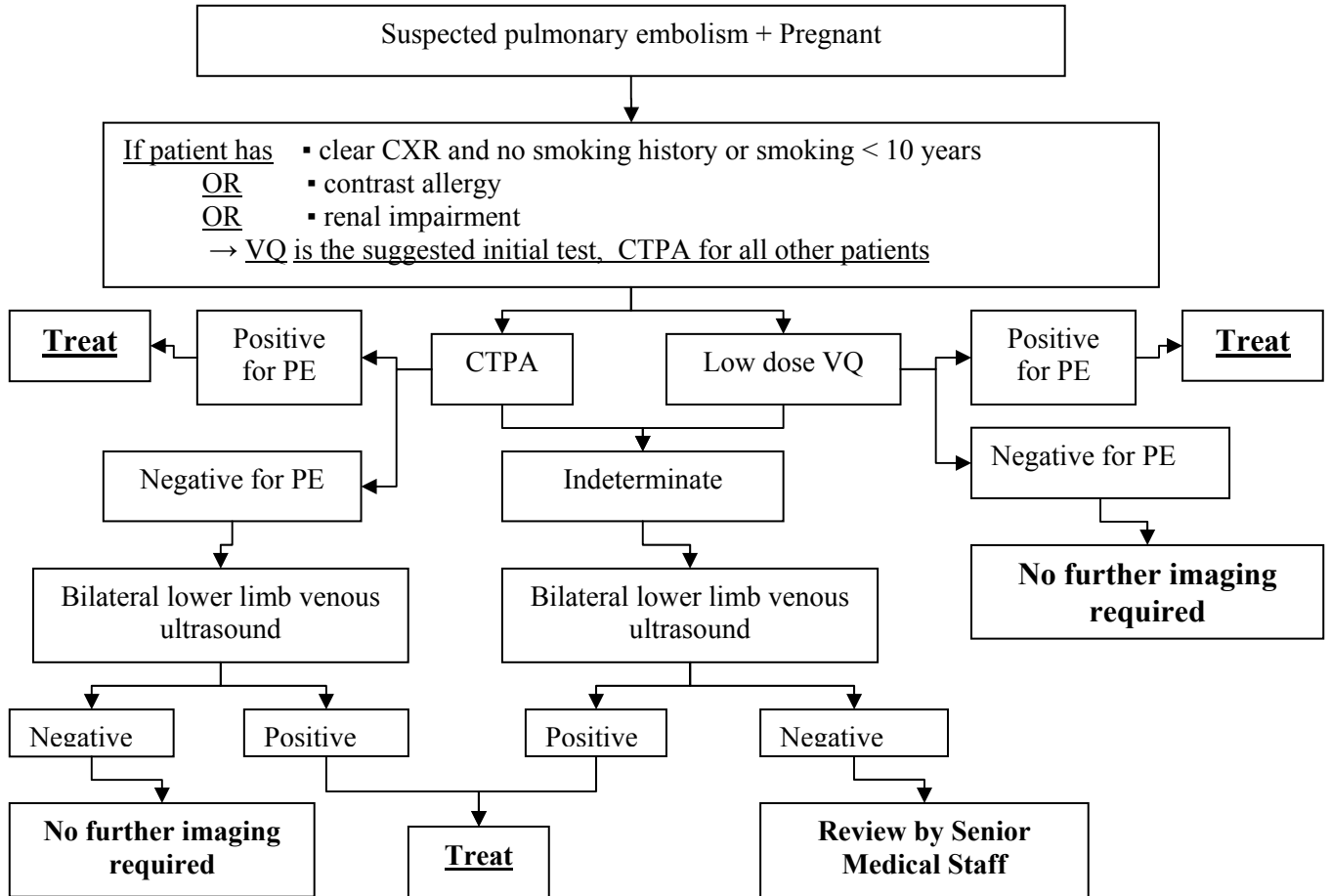
Billing Details
 Rebate TAC
 WC Vets
 Private
 Other.....

Pulmonary Embolism (in pregnancy) Imaging Request

UR:
 Name:
 Address:

DOB:
 Phone:

ED cubicle No.....
 Monitored Yes / No
 Outpatient clinic no.....



* Guideline reference on reverse

○ Requesting/Approving Consultant

○ Registrar

○ HMO/intern

Copy of report to:

Examination Requested
 Clinical Details

Serum Creatinine

Contrast Allergy Yes/No Metformin Yes/No

Signature..... Name Page Date

Diagnostic Imaging Monash Medical Centre 9594-2200 Fax 9594-6687
 Dandenong Hospital 9554-8175 Fax 9554-8654
 Casey Hospital 8768- 1265 Fax 8768-1966

* Scarsbrook AF, Evans AL, Owen AR, Gleeson FV
Diagnosis of suspected venous thromboembolic disease in pregnancy
Clin Radiol 2006; 61: 1-12

Winer-Muram HT, Boone JM, Brown HL, et al.
Pulmonary Embolism in Pregnant Patients: Fetal Radiation Dose with Helical CT
Radiology 2002; 224:487-492

Stone SE, Morris TA
Pulmonary embolism during and after pregnancy
Critical Care Medicine Oct 2005; 33(10) supplement: S294-S300