



Use the QR code to request an appointment or find your closest Capital Radiology location

## REFERRAL AND/OR REQUEST(S) FOR DIAGNOSTIC IMAGING

**Call for appointment. See over for nearest location.**

Time of appointment:

Date:

### PATIENT DETAILS:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Sex:  M  F Your Ref: \_\_\_\_\_

**REQUEST FOR:**  General X-Ray  US  CT  OPG  Mammography  Fluroscopy  BMD  
 Nuc Med  Echocardiography  MRI  Cone Beam CT  Cardiac Services

**RESULTS:**  Routine  Urgent  Fax  Phone  Take Film  Copy to

### PROCEDURE & CLINICAL NOTES:

Y  N Euflexxa injections x 3 separated by 2 weeks

For female patients, is there any chance the patient may be pregnant?  Yes  No

MRI	+/- ORBITS	+/- SKULL	+/- CHEST X-RAY	+/- ABDOMEN X-RAY
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### CT Scanning

If diabetic, does treatment include Metformin?  Y  N

What is current renal function?

Date of renal function: \_\_\_\_\_

### Nuclear Medicine Bookings

151-153 Furlong Rd, St Albans

Western Private Hospital, Cnr Marion & Eleanor Sts, Footscray

405 Burwood Hwy, Vermont

Monash House, Suite 1, 271 Clayton Rd, Clayton

**Please refer to table on back.**

### REFERRER DETAILS:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### IMPORTANT NOTE:

- Please bring this form, your Medicare card, DVA card, current concession card and previous films with you.
- Please call clinic for examination preparation requirements.

*The consulting radiologist, in exercising due care and skill, may conduct a patient consultation as deemed necessary. The radiologist will engage with the referrer to consider any further diagnostic imaging requirements that may result from the consultation.*

