experienceinnovation

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MONDAY TO FRIDAY 8:00am - 5:00pm

medical imaging ERINA

Shop 18A Fountain Plaza
148 - 158 Central Coast Highway
Erina NSW 2250
T: 4363 9300
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PATIENT DETAILS

Name: _____ D.O.B: ___/___/_____

Address: _____

_____ Phone: _____

☐ **Workers Compensation** **Claim Number** _____

Clinical Notes **Allergies** _____ **Creatinine Level** ____

EXAM REQUIRED

MULTI SLICE CT

☐ CT _____

☐ CT Interventional ☐ CT Chest

☐ CT Head ☐ CT Abdo/Pelvis

☐ CT Middle Ear ☐ CT Spine

☐ CT Soft Tissue Neck ☐ CT Pulm Angio

☐ CT Sinus ☐ CT Angiogram

ULTRASOUND

☐ _____

☐ Abdominal

☐ Pelvis

☐ Renal

☐ Obstetrics

☐ MSK

☐ Doppler

MAMMOGRAPHY

(Tomosynthesis)

☐ +/- Ultrasound

X-RAY

☐ _____

DENTAL

☐ OPG/Lat Ceph

REPORT ☐ Routine ☐ Urgent ☐ Phone ☐ Fax ☐ More Request Pads

Bulk Billing

Referrer Details

Name:

Provider No:

Address:

Phone/Fax:

Signature: Date: