



RADIOLOGISTS:

Drs Risto Nikolich, Ray Blumgart, Deborah Raper, Amey Aurangabadkar, Naushad Ahamed

PATIENT DETAILS

SURNAME

Please Print

GIVEN NAME

DATE OF BIRTH

..... / /

EXAMINATION (Please tick box)

- | | | |
|---|---|---|
| <input type="checkbox"/> EOS Full Spine | <input type="checkbox"/> EOS Full Spine + Lower Limbs | <input type="checkbox"/> EOS Pelvis + Lower Limbs |
| <input type="checkbox"/> General X-Ray | <input type="checkbox"/> OPG | <input type="checkbox"/> Lateral Cephalogram |
| <input type="checkbox"/> CT | <input type="checkbox"/> CT Angiography | |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Elastography | |
| <input type="checkbox"/> Mammography (with Tomo) | <input type="checkbox"/> Mammogram +/- Ultrasound | |
| <input type="checkbox"/> FNA | <input type="checkbox"/> Biopsy (Core) | <input type="checkbox"/> Interventional Procedure |
| <input type="checkbox"/> MRI | | |
| <input type="checkbox"/> Order more referral pads – Fax 9806 0077 | | |

REFERRING PRACTITIONER:

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Region

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DOCTOR'S SIGNATURE AND REQUEST DATE



THE REQUEST NEED NOT BE HAND WRITTEN BUT BY LAW MUST BE SIGNED BY PRACTITIONER

..... / /
DATE

PHONE REPORT NO.

FAX REPORT NO.

CC DOCTOR

Clinical History

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01/19

Recent Se Creatinine level (If patient requires IV Contrast).....

Illawarra Radiology Group adheres strictly to the requirements of the Privacy Legislation regarding your Medical Information. Your signature here authorises Illawarra Radiology Group to provide your medical images and reports to other Medical Professionals whom you consult, and who may wish to view these as part of your medical care. Patient Signature:

Your doctor has recommended you use IRG. You may choose another provider but please discuss this with your doctor first.

PLEASE BRING REQUEST FORM, PREVIOUS SCANS AND X-RAYS

PRACTICES

					OPEN WEEKENDS	EOS IMAGING	X-RAY	OPG & LATERAL CEPHALOMETRY	INTERVENTIONAL PROCEDURES	CT SCAN	MAMMOGRAPHY (with Tomosynthesis)	ULTRASOUND	ELASTOGRAPHY	MRI
WOLLONGONG	21-23 Denison Street	Ph: 02 4254 6900	Fax: 02 4227 1409	SAT AM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
SHELLHARBOUR	Level 1, 7 Minga Avenue	Ph: 02 4295 8600	Fax: 02 4296 3188	SAT AM			✓	✓	✓	✓		✓	✓	✓
CORRIMAL	83 Railway Street	Ph: 02 4268 7300	Fax: 02 4285 3186				✓	✓				✓		
DAPTO	47-51 Baan Baan Street	Ph: 02 4251 5900	Fax: 02 4262 1004				✓	✓	✓	✓		✓	✓	✓

