



PATIENT DETAILS

NAME:

DOB:

ADDRESS:

EXAMINATION REQUIREMENTS

CLINICAL NOTES

Recent Se Creatinine level (if patient requires IV contrast).....

REFERRING DOCTOR

SIGNATURE:

DATE:

IRG adheres strictly to the requirements of the Privacy Legislation regarding your Medical Information. Your signature here authorises IRG 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.

Order more referral pads – Fax 9806 0077

Patient Signature:

PLEASE BRING YOUR REQUEST FORM, PREVIOUS SCANS AND X-RAYS

PRACTICE

For all appointments or booking information please call your preferred practice location listed below

Date:

Time:

Location:

Other:

For more information about your examination please visit www.irg.com.au

PRACTICES

WOLLONGONG

21-23 Denison Street

Ph: 02 4254 6900

Fax: 02 4227 1409

SHELLHARBOUR

Level 1, 7 Minga Avenue

Ph: 02 4295 8600

Fax: 02 4296 3188

CORRIMAL

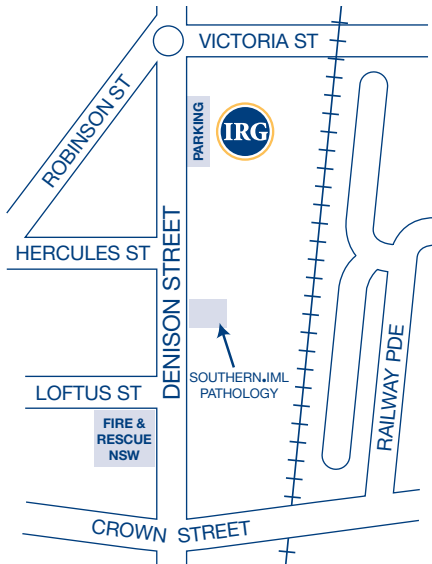
Shop 3, Ronald-Glass Building, 83 Railway Street

Ph: 02 4268 7300

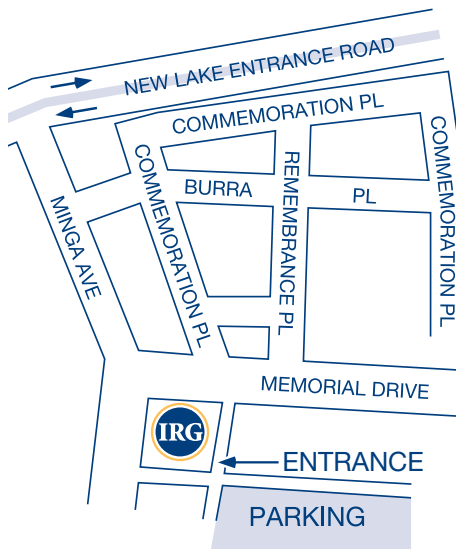
Fax: 02 4285 3186

	OPEN WEEKENDS	X-RAY	OPG & LATERAL CEPHALOMETRY	INTERVENTIONAL PROCEDURES	CT SCAN	MAMMOGRAPHY (with Tomosynthesis)	ULTRASOUND including DOPPLER	ELASTOGRAPHY	MRI
SAT 9-12	✓	✓	✓	✓	✓	✓	✓	✓	✓
SAT 9-12	✓	✓	✓	✓	✓	✓	✓	✓	✓
	✓	✓				✓			

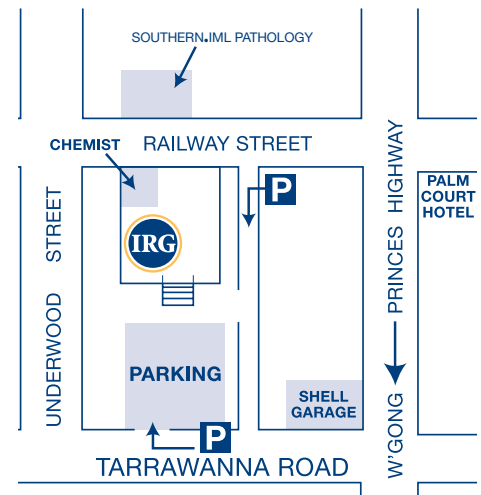
WOLLONGONG



SHELLHARBOUR



CORRIMAL



MRI available by appointment after hours and on weekends

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

www.irg.com.au