



**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"/> 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:**

**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 .....

Region

Clinical History

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: .....

# PRACTICE

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

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

Time: \_\_\_\_\_

Location: \_\_\_\_\_

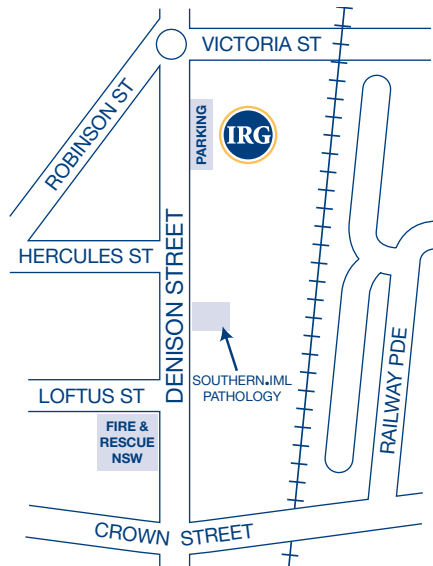
Other: \_\_\_\_\_

For more information about your examination please visit [www.irg.com.au](http://www.irg.com.au)

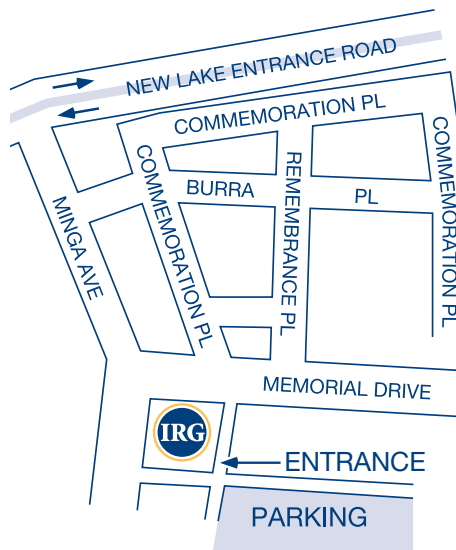
## PRACTICES

			OPEN WEEKENDS	X-RAY	OPG & LATERAL CEPHALOMETRY	INTERVENTIONAL PROCEDURES	CT SCAN	MAMMOGRAPHY (with Tomosynthesis)	ULTRASOUND including DOPPLER	ELASTOGRAPHY	MRI
<b>WOLLONGONG</b> 21-23 Denison Street	<b>Ph: 02 4254 6900</b> Fax: 02 4227 1409	<b>SAT</b> 9-12	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>SHELLHARBOUR</b> Level 1, 7 Minga Avenue	<b>Ph: 02 4295 8600</b> Fax: 02 4296 3188	<b>SAT</b> 9-12	✓	✓	✓	✓			✓	✓	✓
<b>CORRIMAL</b> Shop 3, Ronald-Glass Building, 83 Railway Street	<b>Ph: 02 4268 7300</b> Fax: 02 4285 3186			✓	✓				✓		

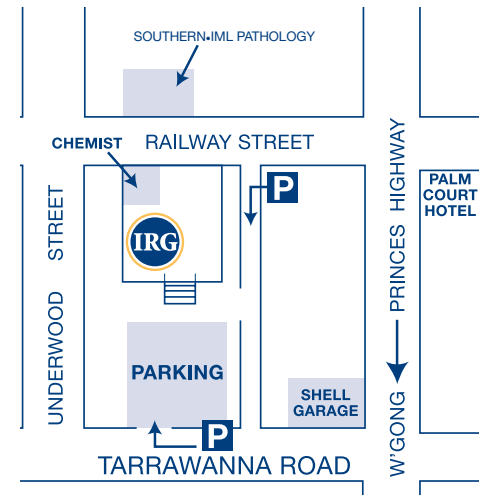
### WOLLONGONG



### 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](http://www.irg.com.au)