



Date \_\_\_\_\_

# Request for imaging

Time \_\_\_\_\_

Appointments 03 5224 3000  
radiusimaging.com.au

## Patient Details

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Medicare \_\_\_\_\_  
 Address \_\_\_\_\_ D.O.B \_\_\_\_\_  
 \_\_\_\_\_ Sex \_\_\_\_\_

## Referral / Requests for (Please Tick)

<input type="checkbox"/> X-ray	<input type="checkbox"/> OPG
<input type="checkbox"/> Ultrasound	<input type="checkbox"/> LAT CEPH
<input type="checkbox"/> CT	<input type="checkbox"/> PA CEPH
<input type="checkbox"/> MRI	<input type="checkbox"/> Dental CT

## Patient

Private  
 Pensions  
 T.A.C  
 Vet Affairs  
 Work Cover

## Clinical Details

## Covid Tested \_\_\_\_\_

(If Yes)  
**Date of Test** \_\_\_\_\_

**Result of Test** \_\_\_\_\_

## Practitioner Details

Practitioner Name \_\_\_\_\_  
 Practice Address \_\_\_\_\_ Suburb \_\_\_\_\_  
 Provider Number \_\_\_\_\_ Copy To \_\_\_\_\_  
 Signature (not required) \_\_\_\_\_ Date \_\_\_\_\_

## Alerts (Please Select)

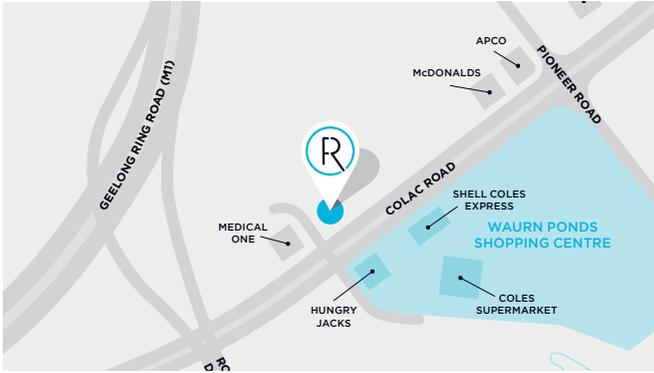
Contrast Allergy \_\_\_\_\_ Creatinine \_\_\_\_\_  
 Renal impairment \_\_\_\_\_ LNMP \_\_\_\_\_  
 Metformin \_\_\_\_\_ eGFR \_\_\_\_\_  
 Pregnant \_\_\_\_\_ Date \_\_\_\_\_

## MRI Safety

MRI - History of metal work  
 MRI - Cardiac Pacemaker  
 MRI - Brain aneurysm clip  
 Cochlear implant

**Radius Office Use Only**

**URGENT report**     Print films     Phone report



## Wauran Ponds

158 Colac Rd  
Highton Vic 3216

Mon - Fri: 8.30am - 5.30pm

Free On-Site Parking

### Services Offered

- MRI
- Dental Imaging
- CT Scan
- Interventional
- Ultrasound
- Procedures
- Digital X-Ray



## Corio

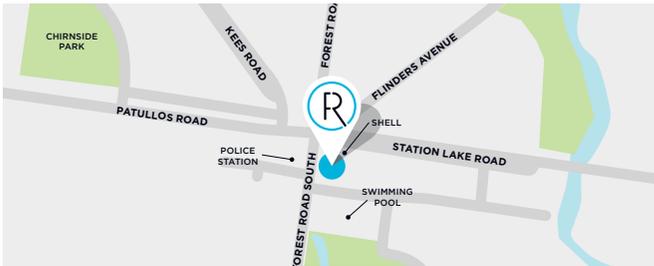
7 Bacchus Marsh Rd Vic 3214

Mon - Fri: 9.00am - 5.00pm

Free On-Site Parking

### Services Offered

- Ultrasound
- Digital X-Ray



## Lara

3-5 Forest Rd Sth Vic 3212

Mon - Fri: 9.00am - 5.00pm

Free On-Site Parking

### Services Offered

- Ultrasound
- Digital X-Ray

## Services



MRI



CT Scan



Ultrasound



Digital X-Ray



Dental Scans



Interventional  
Procedures

## Appointment Preparation

Your preparation for your appointment is important. Any specific requirements will be discussed when making your appointment.

## Imaging Provider

Your doctor has recommended that you use Radius Imaging, you may choose another provider but please discuss this with your doctor first.

## Radius Imaging

T 03 5224 3000 info@radiusimaging.com.au  
F 03 5224 3088 radiusimaging.com.au