

The low dose CT (LDCT) scan is fully funded under Medicare however your doctor may charge a consultation fee for the request and any follow up required.

PATIENT DETAILS

Patient Name: _____ Date of birth: _____
Address: _____ Telephone (H): _____
Med. No.: _____

CLINICAL INFORMATION

☐ **This patient meets the eligibility criteria of the National Lung Cancer Screening Program**

Type of screening test:

☐ **2 yearly scan:** New participant ☐ **OR** Participant returning for two-year scan

OR

☐ **Interval scan** to monitor previous findings (1,2,3, 6 or 12 month interval scan as determined in previous NLCSP LDCT report)

☐ **Any Previous Chest CT** (if known) Date: _____ Radiology provider/location: (If known) _____

☐ **Family history of lung cancer in a first-degree relatives** (only required for first/baseline LDCT)
(First-degree relatives include parents, siblings or children)

☐ **History of any cancer** (if yes, provide details) _____

Additional clinical / other notes, if required _____

REFERRING DOCTOR DETAILS:

Name: _____ Provider number: _____

Address: _____ Phone: _____

Fax: _____

Doctor's Signature: _____ Date: _____

Send copy to: _____

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Low dose CT



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REGION/TOWN	LOW DOSE CT	CLINIC ADDRESS	PHONE	FAX
Tasmania - North				
Launceston	•	St Vincent's Hospital, 5 Frederick Street, Launceston	03 6332 7400	03 6332 7444
	•	St Luke's Hospital, 24 Lyttleton Street, Launceston	03 6332 7400	03 6336 6329
Tasmania - North West				
Burnie	•	NW Medical Centre, 21 Brickport Road, Burnie	03 6421 8800	03 6433 7314
Latrobe	•	Mersey Community Hospital, Torquay Road, Latrobe	03 6421 8800	03 6421 8818
Devonport	•	20 Oldaker Street, Devonport	03 6421 8800	03 6422 5820
Tasmania - South				
Lenah Valley	•	Calvary Hospital 49 Augusta Road, Lenah Valley	1800 000 893	03 6242 8088
Hobart	•	Hobart Private Hospital, Cnr Collins & Argyle Streets, Hobart	1800 000 893	03 6232 8222
Rosny	•	3 Ross Avenue, Rosny Park	1800 000 893	03 6212 6066
Kingston	•	3/11 John Street, Kingston	1800 000 893	03 6242 3033