

### PATIENT DETAILS

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone (H): \_\_\_\_\_  
 Telephone (B): \_\_\_\_\_  
 Med. No.: \_\_\_\_\_

### REQUEST/REFERRAL FOR:

### CLINICAL DETAILS:

#### MRI

##### MRI HEAD

Brain  Skull base  Orbits  
 Pituitary  IAM  Other \_\_\_\_\_

##### MRI SPINE

Cervical Spine  Thoracic Spine  
 Lumbosacral Spine  Other \_\_\_\_\_

MRI  Other Body Region \_\_\_\_\_

#### IMPORTANT:

Indicate whether the following applies to your patient.

Pre-MRI safety x-ray Orbits / Skull / CXR

History of welding, grinding, sheet metal work Yes  No

Cardiac pacemaker Yes  No

Brain aneurysm clip Yes  No

Cochlear implant Yes  No

#### CT Scanning

If Diabetic, does treatment contain Metformin

Yes  No

What is current renal function?

.....

Date of renal function?

.....

Sex: Male  Female  Is the patient pregnant? Yes  No

### REFERRING DOCTOR DETAILS:

### PATIENT CATEGORY:

### RESULTS:

PTE  Vet/Aff  Telephone report (No. \_\_\_\_\_)  
 W/C  TAC  Films & report return with patient  
 Pension  Facsimile report (No. \_\_\_\_\_)

### COPIES TO:

### DOCTOR'S SIGNATURE:

### DATE:

## Why choose I-MED Radiology

- Bulk billing available for most Medicare eligible procedures for pension and healthcare card holders
- Same day appointments available\*
- Fast report turnaround
- High quality, exceptional patient care
- Over 300 Specialist Radiologists
- World class technology

**As a patient, you trust your doctor to make decisions regarding your health. So you know that your referral to I-MED Radiology puts you in good hands.**

\*subject to patient preparation requirements and availability

## Book your appointment online

**With I-MED Radiology's new online booking service, you have the ease and convenience of booking your appointment online via mobile or desktop.**

For most procedures, you can browse for a time and location that is convenient to you. Some of the more complex procedures will still require a phone call from us to confirm.



Book your appointment online at [i-med.com.au/book-appointment](http://i-med.com.au/book-appointment)

## Appointment details:

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

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

Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Your doctor has recommended that you use I-MED Radiology. You may choose another provider but please discuss this with your doctor first.