



Imaging Request



**I-MED Radiology
Network**

Comprehensive care. Uncompromising quality.

PLEASE BRING PREVIOUS FILMS OR CD FOR COMPARISON

NAME: _____

DATE OF BIRTH: _____ MEDICARE NO.: _____

TELEPHONE NO.: _____

ADDRESS: _____

POSSIBILITY OF PREGNANCY? YES NO UNSURE | WORKERS COMPENSATION

- | | | | |
|----------------------------------|---------------------------|---|--------------------------------|
| <input type="radio"/> X-RAY | <input type="radio"/> CT | <input type="radio"/> MAMMOGRAPHY
+/- ULTRASOUND | <input type="radio"/> OPG |
| <input type="radio"/> ULTRASOUND | <input type="radio"/> MRI | <input type="radio"/> INTERVENTIONAL | <input type="radio"/> LAT/CEPH |
| <input type="radio"/> DOPPLER | <input type="radio"/> BMD | <input type="radio"/> NUCLEAR MEDICINE | |

Patient

Exam

Clinical Notes

Referring Dr.

Dr R. Archer
Dr H. Diwakar
Dr K. Gunaratnam
Dr R. Greenough
Dr F. Lomas
Dr N. Singh

Office use only.

Admin

Name:
DOB:
Address:
Phone No:
Procedure:
Referrer:
Referrer Practice/Clinic:
CC Dr:

Initial _____

Tech

Name:
Gender:
DOB:
Procedure:
Left/Right:
Referrer:
Referrer Practice/Clinic:
CC Dr:
PREGNANT:

Initial _____

IV Contrast Alert

If patient requiring IV contrast, recent creatinine level / eGFR: _____

Date of renal function test: _____

Obstetric Ultrasound:
Previous Uterine surgery / Instrumentation: Yes / No

Number: _____

Date LMP: _____

DATE: _____

SIGNATURE: _____

COPIES TO: _____

**YOUR DOCTOR HAS RECOMMENDED THAT YOU USE I-MED RADIOLOGY.
YOU MAY CHOOSE ANOTHER PROVIDER BUT PLEASE DISCUSS THIS WITH YOUR DOCTOR FIRST.**

Results SECURE DOWNLOAD FAX CD REQUEST FOR I-MED ONLINE SETUP | REQUEST FOR NEW REFERRAL PADS

PLEASE NOTE

Some examinations require special preparation. Please check when making your appointment. (Appointments are not required for X-ray or OPG)



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CLINIC LIST

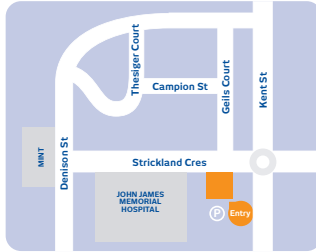


BELCONNEN

40 Cameron Street,
Belconnen ACT 2617

Tel: 6109 6900 Fax: 6109 6949

(on street paid parking available)



DEAKIN

Canberra Specialist Centre
Suite A1, 161 Strickland Cres
Deakin ACT 2600

Tel: 6124 1900 Fax: 6124 1950

(paid parking available at back of building.
Limited free street parking available)

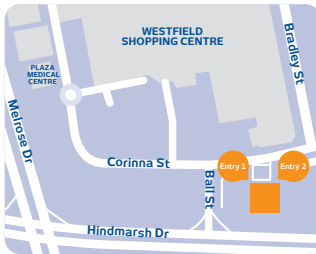


TUGGERANONG

167 Soward Way
Greenway ACT 2900

Tel: 6293 2922 Fax: 6293 1212

(on-site parking available)



WODEN

Woden Specialist Medical Centre
Ground Floor, 90 Corinna St,
Woden ACT 2606

Tel: 6214 2222 Fax: 6281 4261

(enter through the sliding doors on the
right - Entry 1. Westfield parking available)

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

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 online at
i-med.com.au

*Due to complexity of some procedures an online appointment may not be available.

For more I-MED Radiology clinic locations visit **i-med.com.au**

Not all procedures are available at all locations