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Patient Details		

Name: Address:				Date of Bird Telephone Telephone Med. No.:	(H):	
REFERRAL/REQUEST(S) FOR:		CLINICAL D	ETAILS:			
REFERRING DOCTOR DETAILS:		PATIENT CA PTE W/C Pension COPIES TO:	TEGORY: Vet/Aff TAC	RESULTS: Telephone F Facsimile Re Films with P	eport (No.)
DOCTOR'S SIGNATURE:		DATE: Sex: Male () Female ()	Is the patient pre	gnant? Yes O No O	
Please select appropriate items: CT Scanning Weight Bearing CT CT/Nuc Med fusion CT 4D CT guided injection If Diabetic, does treatment contain Metformin Yes No What is current renal function?	GP MRI REBATABLE ITEMS I MRI Head (63551) Unexplained seizures, or Unexplained chronic headache with MRI Cervical Spine Cervical radiculopathy (63554), or Cervical spine trauma (63557) MRI Knee (63560): Acute knee trauma with inability to Clinical findings suggesting acute	th suspected intrac	eranial pathology suggesting possible		MRI +/- Orbits +/- Skull +/- Chest X-ray IMPORTANT: Indicate whether the following applies to your patient. History of welding, grinding, sheet metal work Yes No Cardiac pacemaker Yes No Cardiac pacemaker Yes No Cochlear implant Yes No Cochlear implant	

Note: please refer to MBS for MRI rebatable items for patients <16yrs

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*subject to patient preparation requirements and availability

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Service	Hours
General x-ray and Dental x-ray	Monday to Friday: 8.00am - 5.30pm Saturday: 9.00am - 12.30pm Sunday: 9.00am - 11.30am Walk in service / No appointment required
3T MRI	Monday to Friday: 6.30am - 8.00pm Saturday & Sunday: Contact clinic
CT Scanning Weight Bearing CT	Monday to Saturday
Ultrasound	Monday to Saturday
Hydrodilatation & Procedures	Monday to Friday: Saturday: Contact clinic
Nuclear Medicine	Monday to Friday
Bone Densitometry (DEXA)	Monday to Friday