I-MED Radiology Network
Comprehensive care. Uncompromising quality.

Imaging request/referral
SPECIALIST

PATIENT DETAILS

Name:

Address:

Date of birth:

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:

◯ PTE ◯ Vet/Aff
◯ W/C ◯ TAC
◯ Pension

RESULTS:

◯ Telephone report (No.)
◯ Films & report return with patient
◯ 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.

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.

Book your appointment online at
i-med.com.au/book-appointment