


REQUEST/REFERRAL
PATIENT DETAILS

Name:

Address:

Date of Birth:

Phone:

Medicare Card:

Concession Card:

REFERRING PRACTITIONER

Ph:

Fax:

DOCTOR'S SIGNATURE

 Date **PHONE REPORT**
 Order more referral pads **FAX REPORT**
 X-Ray

| | | | | | |
|----------------------------------|-------------------------------------|-------------------------------------|---|---|---|
| <input type="checkbox"/> Chest | <input type="checkbox"/> Upper Limb | <input type="checkbox"/> Lower Limb | <input type="checkbox"/> Spine | <input type="checkbox"/> OPG | <input type="checkbox"/> EOS Full Spine |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hip | <input type="checkbox"/> Cervical | <input type="checkbox"/> Lateral Cephalometry | <input type="checkbox"/> EOS Full Spine + Lower Limbs |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Elbow | <input type="checkbox"/> Knee | <input type="checkbox"/> Thoracic | <input type="checkbox"/> Mammogram | <input type="checkbox"/> EOS Pelvis + Lower Limbs |
| | <input type="checkbox"/> Hand/Wrist | <input type="checkbox"/> Ankle/Feet | <input type="checkbox"/> Lumbosacral | <input type="checkbox"/> DEXA | |
| | | | <input type="checkbox"/> Erect Whole Spine & Pelvis | | |

 CT

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|---|--|
| <input type="checkbox"/> CT Coronary Angiogram (CTCA) | <input type="checkbox"/> CT Pulmonary Angiogram (CTPA) |
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 Ultrasound

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|--|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Renal/KUB | <input type="checkbox"/> Breast | <input type="checkbox"/> Arterial Doppler |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Pelvis | <input type="checkbox"/> DVT Study | |

 MRI

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|---|---|---------------------------------------|---|
| <input type="checkbox"/> Knee | <input type="checkbox"/> Ankle | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Foot | <input type="checkbox"/> Elbow | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Cervical Spine | <input type="checkbox"/> Thoracic Spine | <input type="checkbox"/> Lumbar Spine | <input type="checkbox"/> Whole Spine |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Orbits | <input type="checkbox"/> Pituitary | <input type="checkbox"/> Internal Acoustic Meatus |
| <input type="checkbox"/> Liver | <input type="checkbox"/> MRCP | <input type="checkbox"/> Prostate | <input type="checkbox"/> Other |

 Intervention and Pain Management

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|---|---|--------------------------------------|
| <input type="checkbox"/> Imaging Guided Injections | <input type="checkbox"/> Fine Needle Aspirate (FNA) | <input type="checkbox"/> Core Biopsy |
| <input type="checkbox"/> CT Guided Spine Injections (Foramina/Epidural/Facet) | | |

Clinical Notes

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|---|---|
| <p>NORTH SYDNEY 138 Walker Street – Belvedere Building North Sydney 2060 Parking Entry on Harnett Street via McLaren Street Ph: 02 9188 5280 Fax: 02 9188 5281</p> <p>Services:        </p> | <p>HOXTON PARK 525 Cowpasture Road (Landmark Shopping Village) Len Waters Estate 2171 Parking Entry on Cowpasture Road Ph: 02 8073 4258 Fax: 02 8073 4261</p> <p>Services:        </p> |
| <p>MOSMAN 116 Belmont Road (Corner Military Rd), Mosman 2088 Parking Entry in Belmont Road Basement Parking Press 116  Ph: 02 9127 5777 Fax: 02 9188 5292</p> <p>Services:     </p> | <p>MILLER 90 Cartwright Avenue (Miller Central Shopping Centre) Miller 2168 Parking Entry on Cartwright Ave Ph: 02 8044 1644 Fax: 02 9188 3658</p> <p>Services:      </p> |
| <p>PYMBLE 964 Pacific Highway (Corner Bridge St) (Next to Pymble Bunnings), Pymble 2073 Parking Entry on Bridge Street, Press  Buzzer Ph: 02 9127 7111 Fax: 02 9188 4224</p> <p>Services:        </p> | <p>CARNES HILL Corner Cowpasture & Kurrajong Road, Carnes Hill 2171 Parking Entry on Kurrajong Rd Ph: 02 8044 1611 Fax: 02 8014 9661</p> <p>Services:   </p> |
| <p>LANE COVE 98 Longueville Road, Lane Cove NSW 2066 Parking Entry on Little Street Basement Parking Ph: 02 8014 9890 Fax: 02 8014 9270</p> <p>Services:      </p> | <p>AUSTRAL 8 Landaise Road, Austral NSW 2179 Parking Entry via Landaise Road Ph: 02 9188 4258 Fax: 02 9188 5967</p> <p>Services:    </p> |
| <p>MACQUARIE PARK LACHLAN'S SQUARE VILLAGE Suite 3, Level 1, 17 Halifax Street Macquarie Park NSW 2113 Parking Entry via Halifax Street Ph: 02 9188 0537 Fax: 02 9188 0986</p> <p>Services:   </p> | <p>LEPPINGTON Shop C1 3D, Woolworths Shopping Centre 108 Ingleburn Road, Leppington NSW 2179 Parking Entry via Rickard Road. Take lift to level 1 Ph: 02 8104 1369 Fax: 02 8104 1382</p> <p>Services:    </p> |
| <p>BOXHILL Carmel Village Shopping Centre Shop 32, Level 1 (rooftop) Corner of Windsor Road & Mount Carmel Drive Box Hill NSW 2765 Ph: 02 9129 9444 Fax: 02 9129 1444</p> <p>Services:        </p> | <p>KELLYVILLE Woolworths Kellyville Grove Shopping Centre, Shop C5.3, 2 Hector Court, Kellyville NSW 2155 Entry via Severn Vale Drive Ph: 02 9030 3361 Fax: 02 8069 7913</p> <p>Services:        </p> |

SERVICES

 **X-RAY**

 **CT SCAN**

 **CARDIAC CT**

 **MRI**

 **MAMMOGRAPHY**

 **OPG**

 **LATERAL CEPHALOMETRY**

 **CONE BEAM CT**

 **NUCHAL TRANSLUCENCY**

 **ULTRASOUND INCLUDING DOPPLER**

 **BONE DENSITOMETRY/DEXA**

 **EOS IMAGING**