



Name: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Phone: \_\_\_\_\_

Examination:

- |                                     |                                       |   |  |                              |
|-------------------------------------|---------------------------------------|---|--|------------------------------|
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> CT Scan      | <input type="checkbox"/> MRI              | <input type="checkbox"/> MRA                           | <input type="checkbox"/> OPG |
| <input type="checkbox"/> Xray       | <input type="checkbox"/> Bone Density | <input type="checkbox"/> Body Composition | <input type="checkbox"/> Nuclear Medicine +/- SPECT-CT |                              |
| <input type="checkbox"/> Procedure  | <input type="checkbox"/> Consultation | <input type="checkbox"/> Other: _____     |  |                              |

Details: \_\_\_\_\_

Clinical Notes:

Renal function (please tick one option if referring for CT scan) Normal  Impaired  (please enclose results)

**Additional requirements for this study:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> CD/DVD     | <input type="checkbox"/> Hardcopy film |
| <input type="checkbox"/> Fax report | <input type="checkbox"/> Phone call    |

**Tick here if you need:**

- |  |  |
|--|--|
| <input type="checkbox"/> New referral Pads | <input type="checkbox"/> IT support for Image Portal |
|--|--|

\*Patients please bring any previous imaging or electronic access details to your appointment

Referrer details and provider number: \_\_\_\_\_

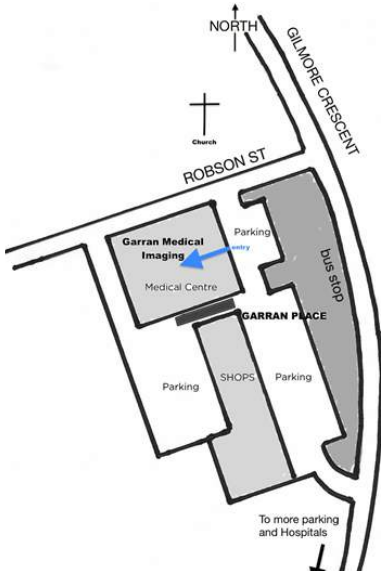
Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**GARRAN MEDICAL IMAGING**  
**Dr Iain Duncan | Dr Kevin Osborn**

Telephone: 6225 7070 Fax: 6225 7077  
[www.garranmedicalimaging.com.au](http://www.garranmedicalimaging.com.au)  
2 Garran Place, Garran, ACT 2605

We are located at the Northern end of Garran Shops in the Medical Centre. The National Capital Private and Canberra Hospitals are 500m south around Gilmore Crescent.



If you would like further information about any test or scan please visit our website at:  
[www.garranmedicalimaging.com.au](http://www.garranmedicalimaging.com.au)  
for more detailed explanation.

*Your doctor has referred you to Garran Medical Imaging however your are entitled to use an alternative provider.*

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Appointment time and date:

**GARRAN MEDICAL IMAGING**

Postal address: PO BOX 5100, Garran, ACT 2605 | Email: [admin@garranmedicalimaging.com.au](mailto:admin@garranmedicalimaging.com.au)