

IMAGING REQUEST AND CONSULTATION REFERRAL



GARRAN MEDICAL IMAGING
Dr Iain Duncan | Dr Kevin Osborn
Dr Jatinder Shekhawat

Telephone: 6225 7070 Fax: 6225 7077
www.garranmedicalimaging.com.au
2 Garran Place, Garran, ACT 2605

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"/> CT Angiogram | |
| <input type="checkbox"/> Fluroscopy | <input type="checkbox"/> Biopsy/FNA | <input type="checkbox"/> Ultrasound PRP Injection + Consultation | | |
| <input type="checkbox"/> CT Guided Injection | <input type="checkbox"/> Ultrasound +/- Injection | <input type="checkbox"/> Nuclear Medicine +/- SPECT-CT | | |

Examination Requested, Consultation 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: _____

GARRAN MEDICAL IMAGING

Postal address: PO BOX 5100, Garran, ACT 2605 | Email: admin@garranmedicalimaging.com.au