

ONLINE EXAMINATION REQUEST

Please send this request to:

FAX: (08) 8402 0247

EMAIL: radiologysa@radiologysa.com.au

Enquiries: (08) 8402 0200 Toll Free: 1300 732 270



radiology SA

Patient's Name

Date of Birth

Date

Address

Telephone No

Time

Request For:

X-ray
 MRI U/S guided cannulation

Ultrasound
 OPG

CT Scan Creatinine _____ U/S guided cannulation

Nuclear Medicine

Bone Mineral Densitometry +/- correlating xrays if required

Mammography +/- Ultrasound if required

Other

Clinical Details:

Attention Radiologist _____

Referring Doctor

Address

Pro vider No

Date

Signature

Copies To

PLEASE BRING:

ALL PREVIOUS XRAYS

- Referral
- Medicare Card
- Pension/HC Card
- WC/Ins details
- Old Films

DOCTORS:

For assistance with
your patients images online,
please call 8402 0240

Results

Tel Report

No.

Fax Report

No.