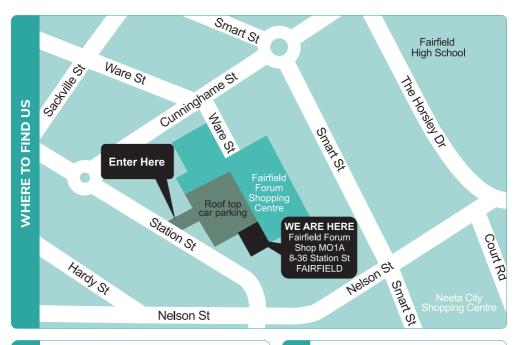


ALLIED HEALTH IMAGING REQUEST

PATIENT DETAILS	Name* Address*		DOB*
	Contact Number*		Workers Comp
	Medicare Number		Third Party
EXAMINATION REQUESTED	FULL MEDICARE REBATE Requested by Podiatrist X-Ray Foot L/R X-Ray Ankle L/R X-Ray Knee L/R X-Ray Lower Leg L/R US Mid/Forefoot L/R	FULL MEDICARE REBATE Requested by Osteo & Physio X-Ray Cervical Spine X-Ray Thoracic Spine X-Ray Lumbar Spine X-Ray Sacrococcygeal	REDUCED MEDICARE REBATE Requested by all Allied Health X-Ray Region (Other): Ultrasound Region:
	US Ankle/Hindfoot L / RUS of Mass		Other Examination:
AREA TO BE EXAMINED & CLINICAL NOTES	Allergies		Urgent Pregnant: YES NO
	For IV contrast exams, recent creatinine level / eGFR:		
REFERRER DETAILS	Name* Address*		Speciality* er Number*
	Contact Number*	Fa	ax Number:
E	*Must be completed		
œ	Signature*		Date*
	orts and images are available electronicall tick below for your additional requests.	y (via InteleRad and/or downloads).	Referral Pads Required
REPO	RTS Urgent Results Fax Do	ownload Phone Film Cop	py reports to:



ALLIED HEALTH IMAGING REQUEST



Fairfield Forum, (Rooftop Car Park)
 8-36 Station St. Fairfield, NSW 2165

To access the rooftop carpark from downstairs, you have two options: the travellator situated in the shopping center or the stairs adjacent to the NAB Bank.

- (02) 8319 4863
- (02) 8322 4091
- info@cmifairfield.com.au
- Monday to Friday 8.00am 5.00pm Closed weekends and public holidays
- Parking (700+ space) available, close to the entrance
- Multilingual staff
- Bulk Billing
- · We accept all referrals
- Walk-in appointments available

•

- General X-Ray
- CT (low dose)
- Echocardiography
- Ultrasound

General Obstetrics / Gynaecology Musculoskeletal

Vascular Doppler

- Interventional Procedures
- FNA & Core Biopsy
- Bone Mineral Density

OTHER SERVICES



CONTACT DETAILS

Your doctor has recommended you use Clearview Medical Imaging. You may choose another provider but please discuss this with your doctor first.