

PATIENT DETAILS

Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ Workers Comp

Medicare Number _____ Third Party

EXAMINATION REQUESTED

- | | | |
|--|---|---|
| <input type="checkbox"/> General X-Ray | <input type="checkbox"/> 3D Mammography | <input type="checkbox"/> Interventional Procedure |
| <input type="checkbox"/> OPG / Dental | <input type="checkbox"/> Bone Mineral Density | (Inc. Injections / FNA / |
| <input type="checkbox"/> CT (low dose) | <input type="checkbox"/> Echocardiography | Core Biopsy) |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Other: _____ | |

AREA TO BE EXAMINED & CLINICAL NOTES

Allergies _____ Urgent Pregnant: YES NO

For IV contrast exams, recent creatinine level / eGFR: _____

REFERRER DETAILS

Name* _____ **Specialty*** _____

Address* _____ **Provider Number*** _____

Contact Number* _____ **Fax Number:** _____

**Must be completed*

Signature* _____ **Date*** _____


Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

All reports and images are available electronically (via IntelRad and/or downloads). Please tick below for your additional requests.

- REPORTS** Urgent Results Fax Download
 Phone Film Copy reports to: _____

Referral Pads Required

WHERE TO FIND US



- 📍 **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 entrance
 - Multilingual staff
 - Bulk Billing
 - We accept all referrals
 - Walk-in appointments available

PATIENT PREPARATION

- X-RAY:** No appointment or preparation required.
- CT:** You will receive instructions before your appointment.
- ULTRASOUND RENAL:** No eating, drinking (except water), or smoking 6 hours before the exam. A full bladder is required. **Drink 750ml of water, finishing 1 hour before your appointment.** Do not empty your bladder.
- ULTRASOUND OF PELVIS AND PREGNANCY:** A full bladder is required. **Drink 750ml of water, finishing 1 hour before your appointment.** Do not empty your bladder.
- ULTRASOUND OF ABDOMEN (LIVER, GALLBLADDER OR PANCREAS):** No eating, drinking (except water), or smoking 8 hours before the exam.

SERVICES

- **General X-Ray**
- **CT (low dose)**
- **Echocardiography**
- **Ultrasound**
- General
- Obstetrics / Gynaecology
- Musculoskeletal
- Vascular
- Doppler
- **Interventional Procedures**
- **FNA & Core Biopsy**
- **Bone Mineral Density**

Appointment Date: _____

Appointment Time: _____

Preparation: _____

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

