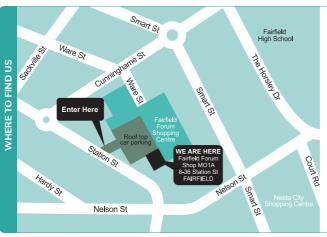


IMAGING/CONSULTATION REQUEST

PATIENT DETAILS	Name* Address*	DOB*			
IENT	Contact Number*	☐ Workers Comp			
AA	Medicare Number	☐ Third Party			
EXAMINATION REQUESTED	General X-Ray OPG / Dental CT (low dose) Ultrasound	3D Mammography Interventional Procedure Bone Mineral Density (Inc. Injections / FNA / Echocardiography Core Biopsy) Other:			
AREA TO BE EXAMINED & CLINICAL NOTES					
	Allergies	Urgent Pregnant: YES NO			
	For IV contrast exams, recent creatinine level / eGFR:				
(n -	Name* Speciality*				
REFERRER DETAILS	Address*	Provider Number*			
ER D					
FERR	Contact Number* Fax Number: *Must be completed				
뿚	Signature*	Date*			
Disclaimer: Where deemed necessary for patient management please accept this request as a		All reports and images are available electronically (via InteleRad and/or			
referra	I for consultation to investigate the patien	t's REPORTS Urgent Results Fax Download			
	ion and history and form an opinion on t ic treatment required for the manageme	Phone Film Copy reports to:			
of the	condition or problem	Declaration of the Province of			



IMAGING/CONSULTATION 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 entrance
 - Multilingual staff
- **Bulk Billing**
- We accept all referrals
- Walk-in appointments available

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.
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.

General	Y-Ray
General	i A-itay

- 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.

