

PATIENT DETAILS

First Name

Surname

Date of Birth

Address

Email

Telephone

Medicare Card No. _____

Mobile

IMAGING REQUEST

X-Ray	Nuclear Medicine	CT Calcium Score	Interventional Procedure
Ultrasound	Cone Beam CT	CT Coronary Angiogram	Bone Densitometry
MRI	OPG +/- Lat Ceph	Echocardiography	Mammography + Tomosynthesis
CT			

EXAMINATION REQUIRED

CLINICAL HISTORY

PATIENT SAFETY DATA (IF APPLICABLE)

Contrast Allergy	Unknown renal function	Epicardial pacemaker / wire
Diabetes	Abnormal renal function	Intracranial aneurysm clip
Pregnancy	Last eGFR	Neurostimulator
	Date	Cochlear implant
		Metal implant / eye injury caused by metal

Referrer

Provider No.

Date

Copy To

Signature

REPORTS

Urgent
Phone
Fax
Electronic Download
Do not send to
My Health Record

THE X-RAY GROUP USE ONLY

Patient ID Verified
Privacy & Consent Forms
Pregnancy Status
Exam Details Checked
Exam Protocolled
Approved by:

PATIENT INSTRUCTIONS

- Contact us to make an appointment. For safety reasons, you will be asked a series of questions at the time of booking. Our staff will provide you with preparation instructions relevant to your examination.
- Arrive 10 minutes prior to your appointment at The X-Ray Group, unless specified otherwise.
- Bring this referral form, any previous relevant imaging results (films and/or reports) and Medicare / Concession cards.
- If applicable, bring approved Workcover, TAC or insurance claim information relevant to your appointment.
- Please note, holders of current Healthcare, Pension or Veterans' Affairs cards will be bulk billed or charged at a concession rate. For non-concession patients, payment of your account in full is expected on the day of examination (EFTPOS, Visa or Mastercard accepted).
- If you are unable to attend, contact us as soon as possible to avoid a cancellation fee.

SAFETY INFORMATION

Please advise staff at the time of booking if any of the following is applicable to you:

Pregnant, claustrophobia, metal in your eye, epicardial wire, heart valve replacement, previous heart / bypass surgery, stents / wires in blood vessels, cardiac pacemaker, implantable cardioverter, defibrillator, inner ear implant, neurostimulator, brain aneurysm clip.

	X-Ray	Ultrasound	MRI	CT	CT Calcium Score	CT Coronary Angiogram	Holter Monitor / BPM	Echocardiography	OPG & Lat Ceph	Cone-Beam CT	Mammography	Tomosynthesis	Nuclear Medicine	Bone Densitometry	Interventional Procedures
The Gardens	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Lavington	•	•		•			•								
Wangaratta	•	•		•	•		•		•		•	•			•
Wodonga	•	•	•	•			•		•						•
Yarrawonga	•	•		•	•		•		•						

THE GARDENS

470 Wodonga Pl,
Albury, NSW 2640
T: (02) 6051 1660
F: (02) 6051 1650

LAVINGTON

347 Wagga Rd,
Lavington, NSW 2641
T: (02) 6051 1641
F: (02) 6051 1650

WANGARATTA

101 Rowan St,
Wangaratta, VIC 3677
T: (03) 5720 0700
F: (03) 5720 0750

WODONGA

9 Stanley St,
Wodonga, VIC 3690
T: (02) 6051 2711
F: (02) 6051 1650

YARRAWONGA

72 Woods Rd,
Yarrawonga, VIC 3730
T: (03) 5744 9999
F: (03) 5744 9950



MAKE A BOOKING

Scan QR code or email referral to
bookings@thexraygroup.com.au

APPOINTMENT DETAILS

DATE: / / TIME: am / pm
LOCATION:

Your practitioner has recommended you attend The X-Ray Group, however you may choose another provider.