Radiology

MEDICAL IMAGING REQUEST

the x-ray group

PATIENT DETAILS

First Name _____ Surname _____ Date of Birth / /

Address _____

Email _____ Telephone _____

Medicare Card No. _____ Mobile _____

IMAGING REQUEST

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

EXAMINATION REQUIRED

CLINICAL HISTORY

PATIENT SAFETY DATA (IF APPLICABLE)

- ◯ Contrast Allergy
- ◯ Diabetes
- ◯ Pregnancy
- ◯ Unknown renal function
- ◯ Abnormal renal function

Last eGFR _____

Date _____

- ◯ Epicardial pacemaker / wire
- ◯ Intracranial aneurysm clip
- ◯ Neurostimulator
- ◯ 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 Protocoled
- ◯ Approved by: _____

05/25

Radiology

REFERRAL REQUEST FORM TO THE DOCTORS OF THE X-RAY GROUP

the x-ray group

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.

05/25