

IMAGING REQUEST

PATIENT DETAILS

Name _____ M/F _____ DOB _____

Address _____ Phone _____

☐ Workers Compensation Claim Number _____ Insurer _____

EXAMINATIONS

☐ MRI _____ (patient to complete additional MRI form)

☐ Digital X-ray _____ ☐ OPG ☐ Lat Ceph ☐ PA Ceph

☐ Ultrasound

☐ General _____ ☐ Musculoskeletal _____

☐ Doppler ☐ Arterial _____ ☐ Obstetric _____

☐ Venous _____ ☐ Breast _____

☐ CT _____ ☐ CT Cardiac _____ ☐ Calcium Score _____

☐ DEXA (please see back page for eligibility)

☐ 12306 ☐ 12312 ☐ 12315 ☐ 12320 ☐ 12321 ☐ 12322 ☐ Not Eligible

☐ Interventional

☐ CT incl. Spinal Injections _____ ☐ Ultrasound _____

☐ CT Arthrograms _____ ☐ Biopsy _____

☐ Drainage _____

☐ Injections _____

CLINICAL NOTES

Is the patient pregnant? ☐ Yes ☐ No

REFERRING DOCTOR

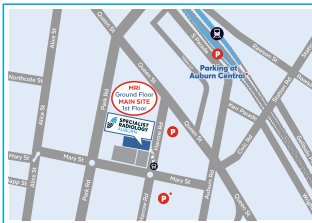
Signature _____ Date _____

REPORT

☐ Urgent ☐ Phone

☐ Fax ☐ More Referral Pads

**BULK BILLING AVAILABLE
FOR ELIGIBLE MEDICARE EXAMS**



A: 13 Harrow Road, Auburn 2144
(1st Floor)
T: 02 8319 8400
F: 02 9156 1000
E: auburn@specradgroup.com.au



A: 105 Main Street,
Blacktown NSW 2148
T: 02 8613 6800
F: 02 8613 6899
E: info@specradblacktown.com.au



A: Suite G.03 (Ground Floor),
Somerset Specialist Building,
38 Somerset St, Kingswood NSW 2747
T: 02 4713 1600
F: 02 4713 1699
E: info@specradkingswood.com.au



A: 3/142 Bringelly Rd,
Kingswood NSW 2747
T: 02 8823 1270
F: 02 8823 1280
E: info@specradorchardhills.com.au



A: T5 / 4-6 Commercial Road
Rouse Hill NSW 2155
T: 02 8662 1500
F: 02 8662 1555
E: info@rhrg.com.au



A: Level 8 Suite 802/1 Rider Blvd,
Rhodes Waterside Shopping Centre,
Rhodes NSW 2138
T: 02 9051 2020
F: 02 9055 8100
E: rhodes@specradgroup.com.au

AUBURN	BLACKTOWN	KINGSWOOD	ORCHARD HILLS	ROUSE HILL	RHODES	SERVICES
●	●	●	—	●	—	MRI
●	●	●	●	●	●	CT ULTRA-LOW DOSE
●	●	●	●	●	●	X-RAY
●	●	●	●	●	●	ULTRASOUND
●	●	●	—	●	—	CARDIAC CT
●	●	●	●	●	●	CALCIUM SCORE
—	—	●	—	●	—	OPG
—	—	●	—	●	—	DEXA
●	●	●	—	●	—	SPINAL/JOINT & MSK INJECTIONS
●	●	●	—	●	—	BIOPSIES /ASPIRATION
●	●	●	●	●	●	MSK ULTRASOUND
●	●	●	●	●	●	DOPPLER/ VASCULAR ULTRASOUND
●	●	●	●	●	●	OBSTETRIC ULTRASOUND



Specialist Radiology Group accepts ALL valid referrals.
Your doctor has recommended you to us for your medical imaging service.
You may choose another provider but please discuss this with your doctor first.