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| A picture containing icon  Description automatically generated | **Referral for Diagnostic Imaging**Call for appointments: ***8512 0706***Fax number: 8692 9917Appointment Time: Date: / / |
| **Name:** Address: **Requested Diagnostic Imaging:**[ ] X-Ray [ ] Ultrasound [ ] OPG [ ] Lat Ceph[ ] Doppler Ultrasound [ ] SWE (Fibroscan) |  **Date of Birth:**  Telephone:  **Medicare No. :** **Clinical Notes:** |
| **Referring Doctor:** | **Patient Category:**[ ] Medicare Card (bulk billing)[ ] Private billing[ ] Work Cover[ ] TAC*Female patients:* Is there any chance the patient may be pregnant?[ ] Yes [ ] No | Results:[ ] Electronic[ ] TelephoneFax to:[ ] Films to patient[ ] Copies to: |

**Doctor’s Signature:** **Date of referral:**

You are free to choose your imaging provider. We accept all referrals:

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| **Green Radiology (Clayton)**Shop T.50F, Mezzanine Level, M-City Monash, **2107-2125 Dandenong Road, Clayton, 3168** | Phone: ***8512 0706***Fax: 8692 9917Email: adminclayton@greenradiology.com.au |

*(FREE Parking. Best parking on B1 with signs to medical suites. Pedestrians, from Blackburn Road entrance, first left and then up the stairs or elevator to Mezzanine Level).*

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