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| A picture containing icon  Description automatically generated | | | **Referral for Diagnostic Imaging**  Call for appointments: ***8512 0706***  Fax number: 8692 9917  Appointment 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  [ ] Telephone  Fax to:  [ ] Films to patient  [ ] Copies to: |

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

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

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