

Referral for Diagnostic Imaging

Call for appointments: **8512 0706**

Fax number: 8692 9917

Appointment Time: Date: / /

Tech initials:

Name:	Date of Birth:	
Address:	Telephone:	
	Medicare No:	
Requested Diagnostic Imaging: ☐ X-Ray ☐ Ultrasound ☐ OPG	Clinical Notes:	
Referring Doctor:	Patient Category: Medicare Card (bulk billing) Private billing Work Cover TAC DVA	Results: □ Electronic □ Telephone Fax to: □ Films to patient □ Copies to:
Doctor's Signature:	Date of referral:	
	Green Radiology Information	
Green Radiolog Ground Floor, Shop 2107-2125 Dandeno Clayton, VIC, 3168	T.03, M-City ng Road, MONASH MEZZ. Lo 2107-21	Radiology Clayton evel, Shop T.50F, M-City, .25 Dandenong Road, , VIC, 3168
Phone: Email: Website: Fees:	(03) 8512 0706 Fax: (03) 8692 993 adminclayton@greenradiology.com.au www.greenradiology.com.au Bulk Billing for most scans with Medicare	17
Our website: Find us on: Goog		nternal Use Only regnant? atient Identification verified rocedure and consent verified orrect side and site verified

Green Radiology ABN: 94 334 783 426