



Referral for Diagnostic Imaging

Call for appointments: **8512 0706**

Fax number: 8692 9917

Appointment Time:

Date: / /

Name:

Date of Birth:

Address:

Telephone:

Medicare No:

Requested Diagnostic Imaging:

X-Ray Ultrasound OPG Lat Ceph

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:

Female patients: Is there any chance the patient may be pregnant?

- Yes No

Doctor's Signature:

Date of referral:

Green Radiology (Clayton)

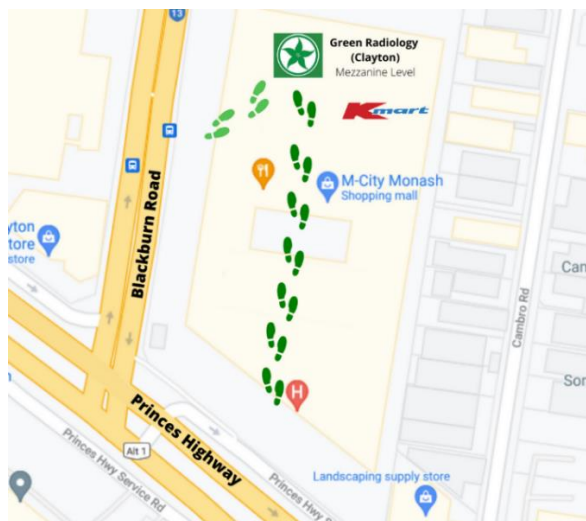
Shop T.50F, Mezzanine Level, M-City Monash,
2107-2125 Dandenong Road, Clayton, 3168

Phone: **8512 0706**

Fax: 8692 9917

Email: adminclayton@greenradiology.com.au

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



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Green Radiology (Clayton) Pty Ltd

ABN: 56 641 509 935