



**Referral for Diagnostic Imaging**

Call for appointments: **8512 0702**

Fax number: 8692 9917

Appointment Time:

Date: / /

**Name of patient:**

**Date of Birth:**

Address:

Telephone:

**Medicare No. :**

**Requested Diagnostic Imaging:**

X-Ray    Ultrasound    OPG    Lat Ceph

**Clinical Notes:**

**Referring Doctor:**

**Patient Category:**

- Pension
- Work Cover
- TAC
- Veteran Affairs
- PTE

**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:**

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

**Green Radiology (Clayton)**

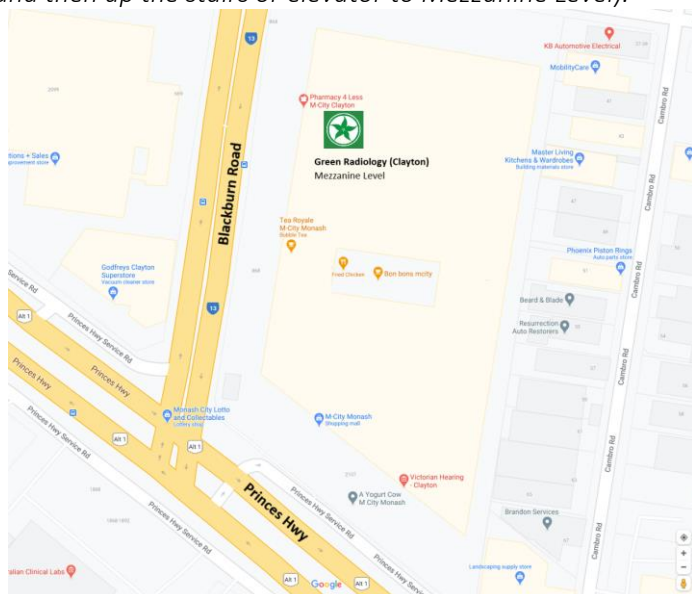
Shop T.50F, Mezzanine Level, M-City Monash,  
**2107-2125 Dandenong Road, Clayton, 3168**

Phone: **8512 0702**

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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ABN: 56 641 509 935