



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

CT

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



Dandenong South

Greens Medical Group
G01 /134 Logis Boulevard
Dandenong South, VIC, 3175



Clayton

M-City Monash Clayton
2107-2125 Dandenong Road,
Clayton, VIC, 3168

Phone: (03) 8512 0706 **Fax:** (03) 8692 9917
Email: adminclayton@greenradiology.com.au
Website: www.greenradiology.com.au
Fees: Bulk Billing for most scans with Medicare

Our website:



Find us on:



Google reviews:



Tech Notes:

Internal Use Only

	Yes	No
<u>Pregnant?</u>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Identification verified	<input type="checkbox"/>	<input type="checkbox"/>
Procedure and consent verified	<input type="checkbox"/>	<input type="checkbox"/>
Correct side and site verified	<input type="checkbox"/>	<input type="checkbox"/>
Tech initials:		