PHYSIO IMAGING REQUEST

Patient identification verified

Procedure verified Correct site and side verified Staff member Initials

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Z	Mobile Medicare									
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EXAMINATION REQUIRED	□ MRI	□ X-Ray	□ Interventional	Ultrasoun	d					
CLINICAL INDICATIONS										PLEASE SEE OVERLEAF FOR CLINIC LOCATIONS
KETEKKEK	Referrer's Sig	gnature:		Date:		Image Distribution Online Hard copy to Pa Report Distribution Online Email Fax Copy to:	itient			NIC LOCATIONS
	DOCTOR SIGNATU	IRE:		DATE:		OFFICE	USE	ONI Y		
	The consulting rad	liologist, in exercisin	g due care and skill, may cond	luct a patient co	nsultation as deemed	IDENTIFICATION VERIFICATION		CLERIC/	A1 '	MIT
		iologist will engage om the consultation.	with the referrer to consider	any further dia	gnostic requirements	Detination verifica	rion .	CLERICA	AL	vii I

Radiologists: Dr. Riet D'Hauwe, Dr. Victor Wang, Dr.Mark Hamlin, Dr. Yuranga Weerakkody, Dr.Paul Drury, Dr. Jacqueline Dalton, Dr. Sanjeeb Sarma, Dr Jonathan Waner, Dr Matt Brooks.



CONTACT OUR FRIENDLY TEAM AT YOUR LOCAL CLINIC FOR BOOKINGS OR ENQUIRIES

MRI BOOKINGS ONLY (08) 9364 7858

No appointment needed for General X-Rays or Dental X-Rays Appointments required for Full Spine X Ray

We aim to treat our patients with empathy and understanding and our referrers with respect and professional courtesy. We want to show leadership in embracing advances in technology and techniques and always put our patients first.

we want to show leadership in embracing advan	MRI	Mammogram	General X-Ray	Low Dose CT	Ultrasound	Doppler	Nuchal Translucency	nterventional Radiolog	Cardiac Screening	FNA & Biopsy	Dental X-Ray (OPG/LAT C	Bone Densitometry	
LOCATIONS	OPENING HOURS								_			Den	
BOORAGOON Suite 9/135 Riseley St, Booragoon WA 6154 Ph: 08 9364 7858 F: 08 9364 6236 E: booragoonadmin@capitalradiology.com.au	Mon-Fri: 9:00am - 5:00pm Sat: By appointment	✓		✓	✓	✓	√	✓	✓		√	✓	✓
BUSSELTON Unit 3, 11-13 Bussell Hwy, Busselton WA 6280 Ph: 08 9754 4730 F: 08 9754 6832 E: busseltonadmin@capitalradiology.com.au	Mon-Fri: 8:30am - 5:00pm Sat: By appointment			✓	✓	~	✓	✓	✓		✓		
CLAREMONT 345 Stirling Hwy, Claremont WA 6010 Ph: 08 9284 6900 F: 08 9284 2955 E: claremontadmin@capitalradiology.com.au	Mon-Fri: 8:30am - 5:00pm			✓	√	✓	√	✓	✓	✓	√		~
EATON Unit 1, 2 Albatross Cres, Eaton WA 6232 Ph: 08 9725 2109 F: 08 9725 2152 E: eatonadmin@capitalradiology.com.au	Mon-Fri: 8:30am - 5:00pm			✓	✓	✓	√	✓	✓		√	✓	
FORRESTFIELD Unit 1, 82 Hale Rd, Forrestfield WA 6058 Ph: 08 9359 3456 F: 08 6454 3866 E: forrestfieldadmin@capitalradiology.com.au	Mon-Fri: 9:00am - 5:00pm			✓	√	✓	√	✓	~		√	✓	
FREMANTLE Unit 112, 1 Silas Street, East Fremantle WA 6158 Ph: 08 6244 3344 F: 08 6244 3346 E: fremantleadmin@capitalradiology.com.au	Mon-Fri: 9:00am - 5:00pm		✓	✓	✓	✓	✓	✓	✓	✓	√		~
*NEW MORLEY Suite 6/312 Walter Rd West, Morley WA 6062 Ph: 08 6296 6375 F: 08 9315 7996 E: morleyadmin@capitalradiology.com.au	Mon-Fri: 9:00am - 5:00pm			✓	~	✓	√	~	✓	✓	✓	✓	✓
QUINNS Unit 1, 10 Mindarie Dr, Quinns Rocks WA 6030 Ph: 08 9305 8606 F: 08 9305 8609 E: quinnsadmin@capitalradiology.com.au	Mon-Fri: 9:00am - 5:00pm			✓	✓	✓	✓	✓	✓		✓	✓	

For referrers only: To request referral pads, please complete the form at: www.capitalradiology.com.au/request-referral-pads

Your referrer has recommended you use Capital Radiology clinics. You may choose another provider but please discuss with your doctor first.

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Use the QR code to request an appointment or to find your closest Capital Radiology location.

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Medical Imaging Request Form | 140921 900 A5 Referral Form Base | 140921 900