



Patient Name	Gender	DOB	Phone
Address		Medicare #	Pension #

DIAGNOSTIC REQUEST - Diagnostic Services Requested

- Ultrasound | Ultrasound Leg Artery +/- ABI | Nuclear Medicine +/- SPECT/CT | BMD | CT | PET Scan +/- CT (56807+56001)
 X-Ray | Angiography / Intervention | Mammography / 3D +/- Ultrasound | MRI +/- X-Ray +/- Arthrogram (see far right)

Referral Details - Reason for Referral and Clinical History

Please advise if: Diabetic | Renal Function Impaired | Pregnant | Breastfeeding | Infection Precaution

Consultation Requested with Doctor.....

GP MRI Specific

Please see item number criteria sheet.

16 years or older

- Rebatable Study
 63551 MRI Head
 63554 MRI Cervical Spine
 63557 MRI Cervical Spine
 63560 MRI Knee
 16-49 years

Non-Rebatable Study

Region

Under the age of 16:

- Rebatable Study
 63507 MRI Head
 63510 MRI Spine
 63513 MRI Knee
 63516 MRI Hip
 63519 MRI Elbow
 63522 MRI Wrist

Non-Rebatable Study

Region

RESULTS

EMERGENCY | Film | Phone | Fax am/pm | No.

Copy reports to:

REQUESTING PRACTITIONER

Practitioner name, provider number, address, phone, fax

Practitioner signature and date



canberraimaging
GROUP

For appointments please phone **1300 788 508**

Our dedicated Workers' Compensation appointments line: **1300 799 870**

Electronic Referrals: www.canberraimaging.com.au

	ANGIOGRAPHY	BARIUM STUDIES	BONE DENSITY	CARDIAC CT	CT	FINE NEEDLE BIOPSY	GENERAL X-RAYS	BREAST LOCALISATION	LONG FILM	MAMMOGRAPHY	MRI	MUSCULOSKELETAL INJECTIONS	MYELOGRAPHY	NUCLEAR MEDICINE	OPG	SPECT CT	ULTRASOUND	PET	
BELCONNEN																			
BRUCE																			
DEAKIN																			
GARRAN																			
GOULBURN																			
GUNGAHLIN																			
QUEANBEYAN AT THE SUPERCLINIC																			
UNIVERSITY OF CANBERRA SUPERCLINIC																			
WANNIASSA (Erindale)																			
ANGIOGRAPHY																			