

PATIENT DETAILS

Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ ☐ Workers Comp

Medicare Number _____ ☐ Third Party

EXAMINATION REQUESTED

FULL MEDICARE REBATE Requested by Podiatrist

- ☐ X-Ray Foot L / R
☐ X-Ray Ankle L / R
☐ X-Ray Knee L / R
☐ X-Ray Lower Leg L / R
☐ US Mid/Forefoot L / R
☐ US Ankle/Hindfoot L / R
☐ US of Mass

FULL MEDICARE REBATE Requested by Osteo & Physio

- ☐ X-Ray Cervical Spine
☐ X-Ray Thoracic Spine
☐ X-Ray Lumbar Spine
☐ X-Ray Sacrococcygeal
☐ X-Ray Hip
☐ X-Ray Pelvis

REDUCED MEDICARE REBATE Requested by all Allied Health

☐ X-Ray Region (Other): _____

☐ Ultrasound Region: _____

☐ Other Examination: _____

AREA TO BE EXAMINED & CLINICAL NOTES

☐ Allergies _____ ☐ Urgent

For IV contrast exams, recent creatinine level / eGFR: _____

REFERRER DETAILS

Name* _____ **Specialty*** _____

Address* _____ **Provider Number*** _____

Contact Number* _____ **Fax Number:** _____

**Must be completed*

Signature* _____ **Date*** _____

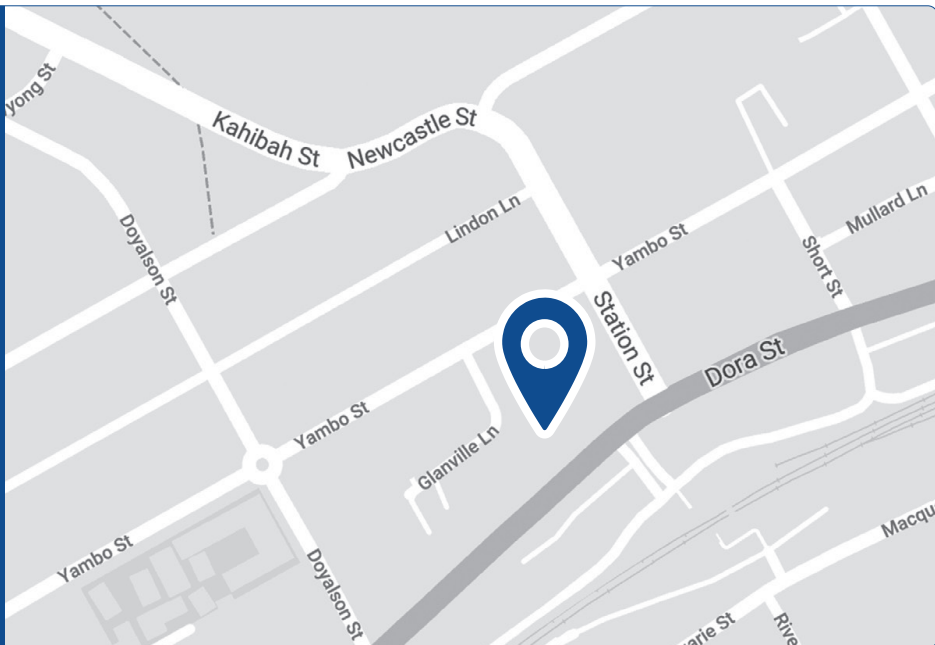
All reports and images are available electronically (via IntelRad and/or downloads).

Please tick below for your additional requests.






☐ Referral Pads Required

REPORTS ☐ Urgent Results ☐ Fax ☐ Download ☐ Phone ☐ Film ☐ Copy reports to:

WHERE TO FIND US



CONTACT DETAILS

-  Shop 2 / 89 Dora Street
Morisset NSW 2264
Opposite Morisset
Railway Station
Free Parking Available
-  (02) 49 733 732
-  (02) 49 733 823
-  admin@lakesradiology.com.au
-  Monday to Friday
8.00am - 5.00pm
Closed weekends and public holidays

OTHER SERVICES

- **General X-Ray**
- **OPG / Dental**
- **CT (low dose)**
- **Ultrasound**
 - General
 - Obstetrics / Gynaecology
 - Musculoskeletal
 - Vascular
 - Doppler
- **Interventional Procedures**
- **FNA & Core Biopsy**
- **3D Mammography**
- **Bone Mineral Density**

Your doctor has recommended you use Lakes Radiology. You may choose another provider but please discuss this with your doctor first.