

PATIENT DETAILS

Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ ☐ Workers Comp

Medicare Number _____ ☐ Third Party

EXAMINATION REQUESTED

- | | |
|---|---|
| ☐ Cervical Spine: A.P | ☐ Lumbar Spine: A.P (incl. Pelvis) |
| ☐ Cervical Spine: A.P Open Mouth | ☐ Lumbar Spine: A.P |
| ☐ Cervical Spine: Oblique | ☐ Lumbar Spine: Lateral (Neutral) |
| ☐ Cervical Spine: Lateral (Neutral) | ☐ Lumbar Spine: Lateral (Flex/Ext) |
| ☐ Cervical Spine: Lateral (Flex/Ext) | ☐ Lumbar Spine: Oblique |
| ☐ Thoracic : A.P | ☐ Pelvis: Pelvis |
| ☐ Thoracic : Lateral | |

Non Referred / No Rebate Items

- ☐ X-Ray:
-
- ☐ Ultrasound:
-
- ☐ Other:
-

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*** _____

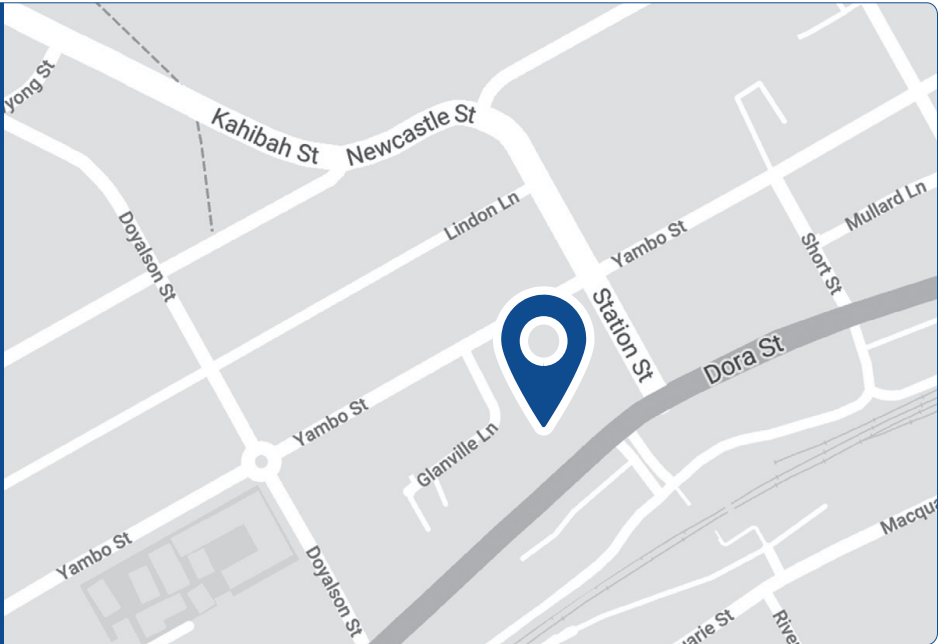
All reports and images are available electronically (via IntelRad and/or downloads).

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.