



ALLIED HEALTH IMAGING REQUEST

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:

- ☐ MRI (no rebate):

- ☐ Other Examination:

AREA TO BE EXAMINED
& CLINICAL NOTES

☐ Allergies ☐ Urgent Pregnant: ☐ YES ☐ NO

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

REFERRER DETAILS

Name: Speciality:

Address: Provider Number:

Contact Number: Fax Number:

**Must be completed*

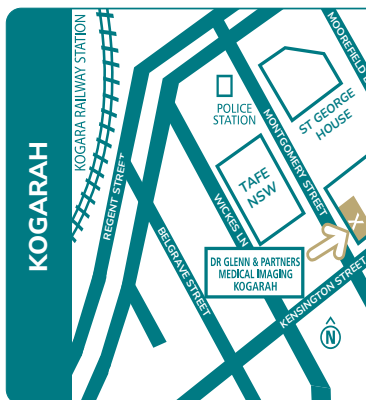
Signature* Date*

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

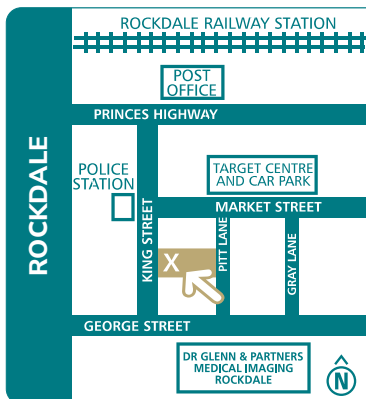
Please tick below for your additional requests.

☐ Referral Pads Required

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



- 📍 Level 1
50 Montgomery Street
Kogarah NSW 2217
- ☎️ (02) 9509 4000
- 📠 (02) 9587 7147
- 🌐 Monday to Friday
8.00am - 5.30pm
Saturday 8.30am - 12pm
Closed Sundays
and public holidays



- 📍 24 King Street
Rockdale
NSW 2216
- ☎️ (02) 9508 4500
- 📠 (02) 9567 4150
- 🌐 Monday to Friday
8.00am - 5.30pm
Closed weekends
and public holidays



- 📍 Ground Floor
360-364 Crown Street
Wollongong NSW 2500
- ☎️ (02) 4243 4000
- 📠 (02) 8530 0732
- 🌐 Monday to Friday
8.00am - 5.30pm
Closed weekends
and public holidays

SERVICES

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

Appointment Date:

Appointment Time:

Preparation:

Your doctor has recommended you use Dr Glenn & Partners Medical Imaging. You may choose another provider but please discuss this with your doctor first.