



IMAGING/CONSULTATION REQUEST

PATIENT DETAILS

Name* _____ **DOB*** _____

Address* _____

Contact Number* _____ ☐ Workers Comp

Medicare Number _____ ☐ Third Party

EXAMINATION
REQUESTED

☐ General X-Ray

☐ 3D Mammography

☐ OPG / Dental

☐ Interventional Procedure

☐ CT (low dose)

(Inc. Injections / FNA / Core Biopsy)

☐ Ultrasound

☐ Bone Mineral Density

☐ MRI

☐ Other: _____

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*

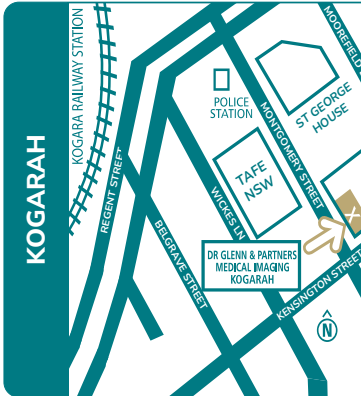
Signature* _____ **Date*** _____

All reports and images are available electronically (via InteleRad 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.