

# The Royal Children's Hospital, Melbourne

# Medical Imaging Referral



The Medical Imaging Department, 2<sup>nd</sup> Floor of Main Building, Flemington Road, Parkville Victoria 3052  
Telephone (03) 9345 5255 Fax (03) 9345 6694

TO ARRANGE APPOINTMENTS PLEASE SEE REVERSE SIDE

## Patient details (or affix label here)

Name

Address

Hospital UR

D.O.B / /

## Examination required

## Clinical details

(referring clinicians are asked to query pregnancy status before referral)

to continue details on back of form tick here

## Referral source

Rooms  Clinic

Ward (specify)

## Consultant

## Location for x-ray

Department  Ward

Theatre  Emergency

## Patient Status (tick one only)

Public  Private

Bulkbilled  TAC

RN required

## MIT comments

MIT initials

Preg?  Non-CR

Printed  Film number

## Requesting doctor details (please print clearly)

Name

Provider number

Date / / Phone/page

Signature (legally mandatory)

Send report by: Post  Fax

Address or fax number (required to send report)

**Appointments: 9.00am–5.00pm, Monday to Friday** please phone one of the following numbers

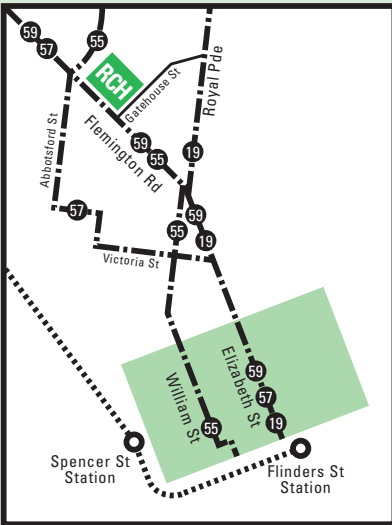
- \_\_\_\_\_  
CAT Scan (CT)
- \_\_\_\_\_  
General Radiography (X-ray)
- \_\_\_\_\_  
Fluoroscopy (eg barium meal or enema etc)
- \_\_\_\_\_  
Ultrasound
- \_\_\_\_\_  
General Enquiries
- \_\_\_\_\_  
MRI
- \_\_\_\_\_  
Nuclear Medicine

(03) 9345 5255

(03) 9345 5238

(03) 9345 5259

**Location**



**Further details** (ensure the box at the end of the clinical details section on the front of this card is ticked)

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Initials

.....○..... Train lines    —●— Tram lines

**Radiologists comments**

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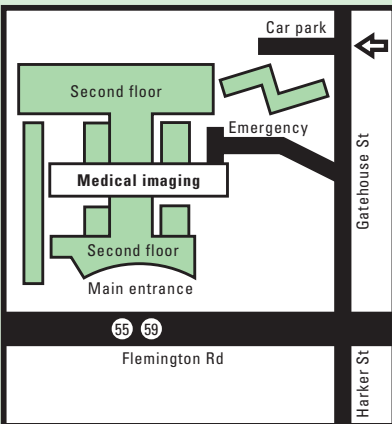
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Initials