



The Royal **Children's**  
Hospital Melbourne

## Medical Imaging Referral

**Patient/parent please inform Medical Imaging staff if patient details are incorrect**

**Examination required (including sedation, general anaesthetic or play therapy)**

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**Reason for examination and relevant past history**

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOSPITAL UR \_\_\_\_\_ DATE OF BIRTH / /

**AFFIX PATIENT LABEL HERE** ↑

**Print patient's name if label used** \_\_\_\_\_

**Patient location**  Outpatient  
 Ward: Room/cubicle number \_\_\_\_\_  
**Known allergy**  No  Yes, *please specify* \_\_\_\_\_

Consultant \_\_\_\_\_

Referring doctor, *if different* \_\_\_\_\_

Signature \_\_\_\_\_

Pager number \_\_\_\_\_ Date / /

Provider number \_\_\_\_\_

### Imaging Technologist Use

**Positive ID**  **Pregnancy check** MIT/NMT initials \_\_\_\_\_

**Allergy**  No  Yes, *please specify* \_\_\_\_\_

**Renal failure**  Yes  No Number of images \_\_\_\_\_



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## Appointments - Monday to Friday

General enquiries

CT Scan

General Radiography (X-ray)

Fluoroscopy (e.g. *barium meal or swallow*)

Nuclear Medicine

Ultrasound

**TELEPHONE** (03) 9345 5255 **FACSIMILE** (03) 9345 6694 **HOURS** 8.00AM TO 5.00PM

MRI

**TELEPHONE** (03) 9345 4301 **FACSIMILE** (03) 9345 4325 **HOURS** 7.45AM TO 8.00PM

All preparation details are listed on the appointment letter.

For information on preparing children for their imaging visit and the types of medical imaging examinations, refer to [www.rch.org.au/med\\_imaging](http://www.rch.org.au/med_imaging)

**Additional information/technical notes** \_\_\_\_\_

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### Medical Imaging

The Royal Children's Hospital Melbourne  
East Building, Lower Ground (Underwater)

50 Flemington Road  
Parkville Victoria 3052 Australia