

## Medical Imaging

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## REQUEST FOR PATIENT MEDICAL IMAGING

**\*\*Images will be processed within 5 business days of receipt and sent on CD/DVD via Australia Post Registered Mail (signature on acceptance is required).**

**\*\*URGENT requests need to be requested and organised for pickup.**

**1. APPLICANT:** (who is requesting the images and where to send)

RCH Medical Officer  Hospital  General Practitioner  Treating Specialist   
Parent/Guardian  Patient  (must be over 16 years of age to request)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address (images will be sent here):  
\_\_\_\_\_

Telephone/Mobile/Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

Hospital/Organisation: \_\_\_\_\_ Provider No: \_\_\_\_\_

If Doctor: I am the current treating Doctor of the above patient and I require the information detailed below for the future treatment of the patient.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. PATIENT DETAILS:

First & Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Unit Record Number (UR): (if known) \_\_\_\_\_

### 3. IMAGING REQUESTED:

All imaging

Specific exams & dates (specify below)

**\*\* Medical Reports can only be released via mail/fax (not emailed) to the Patient's treating Practitioner. The treating Practitioner must be nominated on the Patient record as authorised to receive this information and needs to make a request via email or fax with Patient consent**

### 4. APPLICANT'S SIGNATURE:

DATE: \_\_\_\_\_

*I certify that to the best of my knowledge that the above details are correct*