



- Busselton Health Campus** P: (08) 9751 6800
 - Margaret River Hospital** P: (08) 9757 0406 | (08) 9751 6806
 - O'Connor** P: (08) 6374 5300
 - Peel Health Campus** P: (08) 9584 6700
 - Peel Specialist Centre** P: (08) 9583 5484
 - South West Health Campus** P: (08) 9726 6999
- Bookings:** 1300 209 975 | **E:** bookings@apexrad.com.au

Patient Details

Name:

Address:

.....

DOB: / / Contact no:

Medicare: Exp Date: /

Please Tick:

- Vet Affairs
- Worker's Compensation
- HCC / Pension
- MVIT
- Medicare

If this examination is **MEDICALLY URGENT** please tick box and sign here

REFERRING DOCTOR ONLY

EXAMINATION REQUIRED (tick box):

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Ultrasound / Doppler | <input type="checkbox"/> Fluoroscopy | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> CT | <input type="checkbox"/> Mammography | <input type="checkbox"/> Bone Densitometry |
| <input type="checkbox"/> Xray | | |

Region / Procedure:

CLINICAL NOTES (must be completed):

GP Requested for CT Angiography (exclude: PE & Coronary) discussed with Specialist or Consultant Physician

Provider No:

Date:

Copies of reports to: 1.....

Signature:

2.....

Print Name:

PAYMENT IS REQUIRED AT TIME OF CONSULTATION

"Your doctor has recommended that you use Apex Radiology. You may choose another provider but please discuss this with your doctor first."