



Preparation instructions are available by calling reception or at our website:  
[www.alfredimaging.com.au](http://www.alfredimaging.com.au)

## EXAMINATION REQUEST

### PATIENT

Name:  DOB:  Sex:  M  F

Address:

Phone:  Medicare Number:

DVA / WC / 3rd Party (require prior written approval)

### SCAN TYPE / PROCEDURE

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> X-ray</li> <li><input type="checkbox"/> OPG</li> <li><input type="checkbox"/> Lateral Ceph</li> <li><input type="checkbox"/> Ultrasound</li> <li><input type="checkbox"/> CT</li> <li><input type="checkbox"/> CT - Coronary Angiogram (Ashfield, Campsie, Five Dock &amp; Newtown)</li> <li><input type="checkbox"/> MRI (Drummoyne &amp; Campsie)</li> <li><input type="checkbox"/> Mammogram +/- US (Ashfield, Five Dock* and Newtown*)</li> </ul> <p><small>*Denotes 3D Digital Breast Tomosynthesis available at these locations.</small></p> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Image Guided Procedures</li> <li><input type="checkbox"/> Screening/Fluoroscopy (Newtown)</li> <li><input type="checkbox"/> BMD/DEXA (Campsie &amp; Ashfield)</li> <li><input type="checkbox"/> Cervical Spine Injections</li> <li><input type="checkbox"/> Other</li> </ul> |
|--|--|

### CLINICAL & SCAN DETAILS

### REFERRING PHYSICIAN

Name:

Address:

Phone:  Fax:  Date:

Provider Number:  Signature:  Copies:

### FILMS & REPORT

To Patient  Fax  Digital  Deliver (please enquire at reception)



**ALFRED**  
IMAGING

**Ashfield**

ph: 9716 3600 fax: 9797 6157

**Campsie**

ph: 8042 3000 fax: 8042 3099

**Drummoyne**

ph: 9911 6800 fax: 9911 6899

**Five Dock**

ph: 8705 8300 fax: 8705 8399

**Newtown** (RPAH Medical Centre)

ph: 8228 9000 fax: 8228 9090

**North Strathfield**

ph: 8282 8100 fax: 9763 1900

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## ALFRED IMAGING PRACTICES

### ASHFIELD

357 Liverpool Rd, Ashfield NSW 2131

ph: 9716 3600 fax: 9797 6157

### CAMPSIE

229 Beamish St, Campsie NSW 2194

ph: 8042 3000 fax: 8042 3099

### DRUMMOYNE

Ground Fl, 69 Victoria Rd, Drummoyne NSW 2047

ph: 9911 6800 fax: 9911 6899

### FIVE DOCK

144 Great North Rd, Five Dock NSW 2046

ph: 8705 8300 fax: 8705 8399

### NEWTOWN

(RPAH MEDICAL CENTRE)

Suite 1, 100 Carillon Ave,  
Newtown NSW 2042

ph: 8228 9000 fax: 8228 9090

### NORTH STRATHFIELD

Shop 7, 22 George St, North Strathfield NSW 2137

ph: 8282 8100 fax: 9763 1900

ALF026 (06/17)

## WE ACCEPT ALL REFERRALS

You may choose another imaging provider. We suggest that you discuss this with your doctor.