



**PATIENT DETAILS**

NAME:

DOB:

ADDRESS:

**DIAGNOSTIC SERVICES REQUESTED**

**Reason for Referral and Clinical History**

Recent Se Creatinine level (if patient requires IV contrast).....

**REFERRING DOCTOR**

SIGNATURE:

DATE:

IRG adheres strictly to the requirements of the Privacy Legislation regarding your Medical Information. Your signature here authorises IRG to provide your medical images and reports to other Medical Professionals whom you consult, and who may wish to view these as part of your medical care.

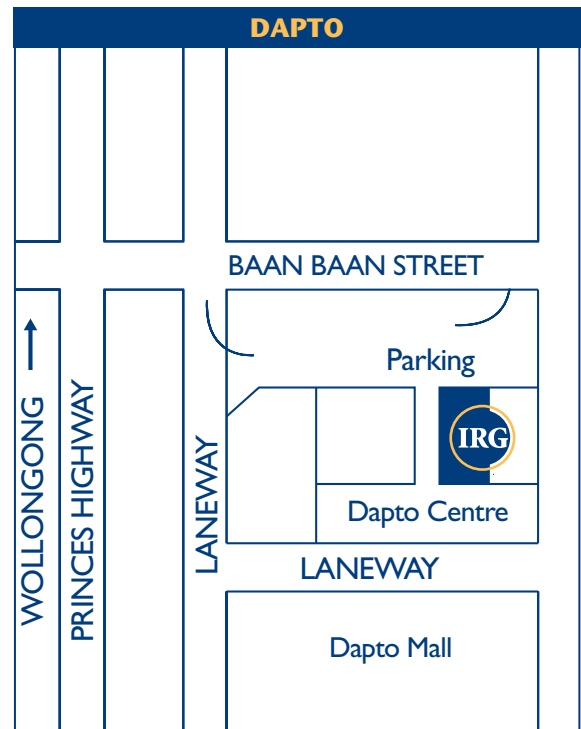
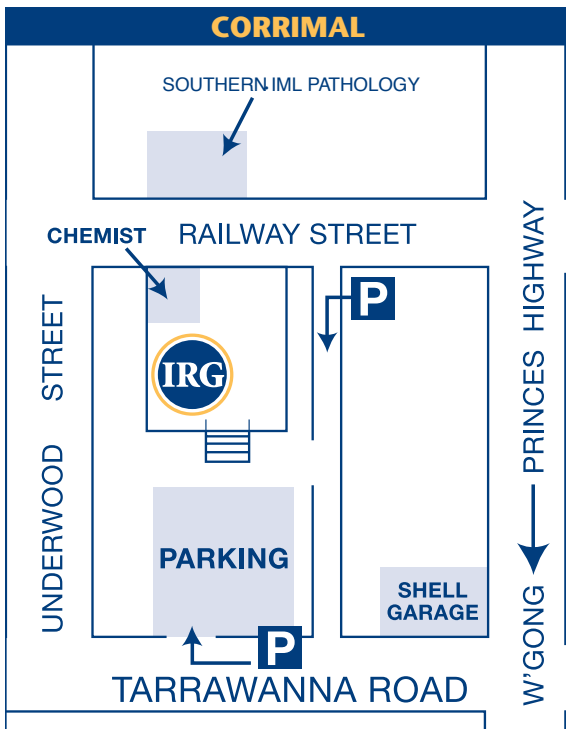
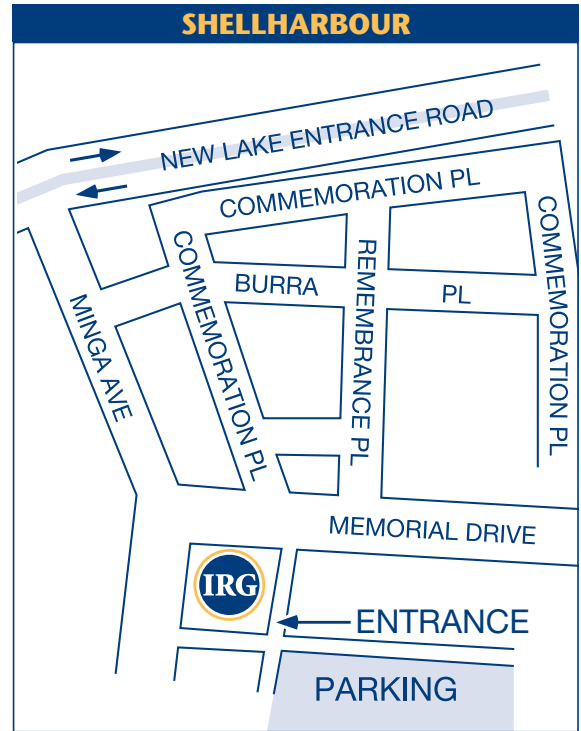
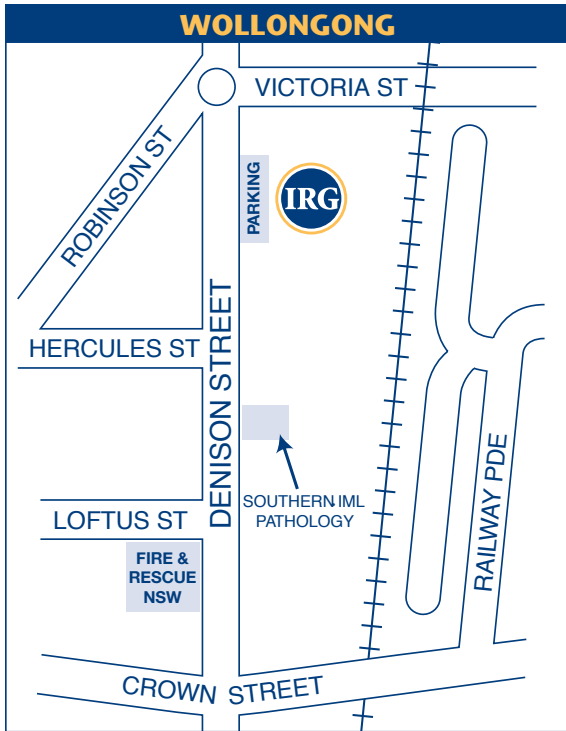
Order more referral pads – Fax 9806 0077

Patient Signature: .....

**PLEASE BRING YOUR REQUEST FORM, PREVIOUS SCANS AND X-RAYS**

PRACTICES

					OPEN WEEKENDS	EOS IMAGING	X-RAY	OPG & LATERAL CEPHALOMETRY	INTERVENTIONAL PROCEDURES	CT SCAN	MAMMOGRAPHY (with Tomosynthesis)	ULTRASOUND	ELASTOGRAPHY	MRI
<b>WOLLONGONG</b>	21-23 Denison Street	<b>Ph: 02 4254 6900</b>	Fax: 02 4227 1409	<b>SAT AM</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>SHELLHARBOUR</b>	Level 1, 7 Minga Avenue	<b>Ph: 02 4295 8600</b>	Fax: 02 4296 3188	<b>SAT AM</b>			✓	✓	✓	✓		✓	✓	✓
<b>CORRIMAL</b>	83 Railway Street	<b>Ph: 02 4268 7300</b>	Fax: 02 4285 3186				✓	✓				✓		
<b>DAPTO</b>	47-51 Baan Baan Street	<b>Ph: 02 4251 5900</b>	Fax: 02 4262 1004				✓	✓	✓	✓		✓	✓	✓



MRI available by appointment after hours and on weekends

Your doctor has recommended you use IRG. You may choose another provider but please discuss this with your doctor first.