

Patient Details (*These sections MUST be completed)		Patient Code/U.R. Number:	
Name*:		DOB*:	
Address*:		Postcode:	
Telephone*:		Mobile:	
Medicare card*:		Concession card:	

Exam Requested					
<input type="checkbox"/> X-Ray	<input type="checkbox"/> CT	<input type="checkbox"/> MRI	<input type="checkbox"/> Ultrasound	<input type="checkbox"/> Interventional Procedure	
<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> PET/CT	<input type="checkbox"/> Mammography	<input type="checkbox"/> DEXA/BMD	<input type="checkbox"/> Angiography/DSA	
<input type="checkbox"/> Echocardiogram	<input type="checkbox"/> Fluoroscopy/Barium	<input type="checkbox"/> Dental	<input type="checkbox"/> Other _____		

Medical, Surgical & Medical Imaging History

Reason for Referral & Clinical Question

<input type="checkbox"/> Allergies (list):	<input type="checkbox"/> Urgent appointment
<input type="checkbox"/> Workers Compensation	

If Renal Function Impaired, recent Creatinine level / eGFR:

All reports and images are available electronically. Please tick for any additional requirements:

<input type="checkbox"/> Urgent results	<input type="checkbox"/> Fax	<input type="checkbox"/> Download to PMS	<input type="checkbox"/> Phone	<input type="checkbox"/> Film	Report needed by:
Copy Reports to:				<input type="checkbox"/> Do not send to MyHealth Record	

Referrer Details (*These sections MUST be completed)		Provider Number*:	
Referrer Name*:		Specialty:	
Address*:			
		Postcode:	Telephone*:
Signature*:		Date*:	Facsimile:

Privacy Policy: We are bound by the Privacy Act 1988 (Cth) and other state and territory laws that regulate personal information and health information. Details on what information we collect, use, store and disclose and your rights to access and update that information is contained in the Lumus Imaging Privacy Policy. I hereby consent to the collecting, using, storing and disclosing of my personal information and health information in accordance with the Privacy Policy. We are predominantly a Bulk Billing service but in some instances a gap payment may apply. Your doctor has recommended you use Lumus Imaging. This request is valid at other Radiology providers.

