

Imaging Request



APPOINTMENT DETAILS

DATE

TIME

3 Burnett Street P | 03 6240 2300 E | admin@bereraradiology.com.au BERERARADIOLOGY.COM.AU
North Hobart TAS 7000 F | 03 6240 2301 ABN 18 803 838 614 | ACN 614 197 152

Patient Details

NAME DATE OF BIRTH

ADDRESS

PHONE MOBILE EMAIL

Examination Requested

Report

- | | |
|---------------------------------------|---------------------------------|
| <input type="checkbox"/> X-RAY | <input type="checkbox"/> URGENT |
| <input type="checkbox"/> ULTRASOUND | <input type="checkbox"/> URGENT |
| <input type="checkbox"/> CT | <input type="checkbox"/> URGENT |
| <input type="checkbox"/> MRI | <input type="checkbox"/> URGENT |
| <input type="checkbox"/> INTERVENTION | <input type="checkbox"/> URGENT |
| <input type="checkbox"/> HEART SCAN | <input type="checkbox"/> URGENT |

Clinical Details

ALLERGIES | Y/N

PREGNANT | Y/N

Referrer Details

NAME PHONE

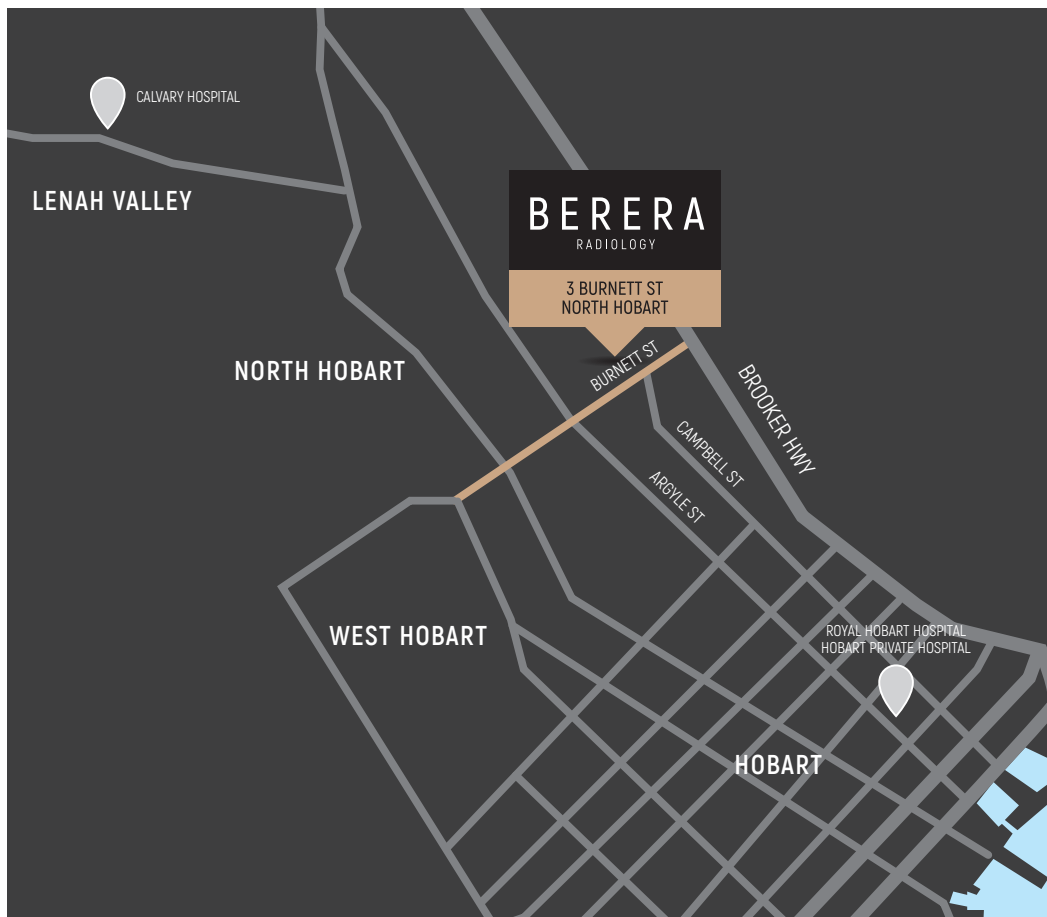
ADDRESS

PROVIDER NUMBER SIGNATURE

COPIES TO

Patient parking

Free parking for patients is available at the front and rear of the building.
Level access is available via rear entrance off the car park.



3 Burnett Street, North Hobart

P | 03 6240 2300

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