

# 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

E | [admin@bereraradiology.com.au](mailto:admin@bereraradiology.com.au)

[BERERARADIOLOGY.COM.AU](http://BERERARADIOLOGY.COM.AU)

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