

**Office Use:**  
Appointment date

Time

## Patient Details

## Imaging Request

## Clinical Notes - What is the Radiological question?

## Referring Doctor Details

### Signature

### Pager

### Date

- X-ray
- Fluoroscopy
- CT
- Ultrasound
- Mammography (Please provide previous film)
- Nuclear Medicine
- Angiography
- OPG
- MRI (Please refer to the Western Health MRI referral)

eGFR or Creatinine

Allergy to Medication / contrast  
 YES  NO

Specify:

### Results

- Report with patient
- Electronic report
- Fax
- Mail copy to:.....

### FOR RADIOGRAPHER USE ONLY

Is there a chance the patient may be pregnant?

YES  NO

Date of last LMP

Sign:

### Office Use:

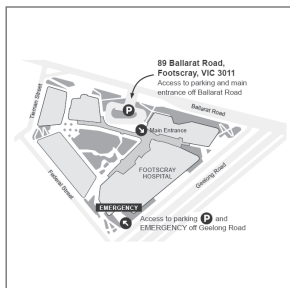
Episode No.  Procedure Code   
Radiographer  Radiologist



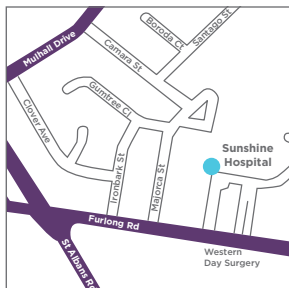
# Western Health Medical Imaging

## WESTERN HEALTH MEDICAL IMAGING SITES

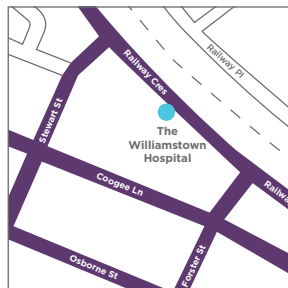
### Footscray



### Sunshine



### Williamstown



### Sunbury



**Footscray Hospital**  
89 Ballarat Road  
Footscray  
Phone: 03 8345 6234  
Fax: 03 8345 6325

**Sunshine Hospital**  
176 Furlong Road  
St Albans  
Phone: 03 8345 6234  
Fax: 03 8345 1665

**Williamstown Hospital**  
Railway Crescent  
Williamstown  
Phone: 03 8345 6234  
Fax: 03 9393 0306

**Sunbury Community Hospital**  
7 Macedon Street  
Sunbury  
Phone: 03 8345 6234  
Fax 03 7071 5842

### EXAMINATIONS

<b>Angiography</b>	•	•		
<b>CT</b>	•	•	•	•
<b>Fluoroscopy</b>	•	•	•	
<b>Mammography</b>	•	•		
<b>MRI</b>	•	•		
<b>Nuclear Medicine</b>	•	•		
<b>OPG</b>	•	•		
<b>Ultrasound</b>	•	•	•	•
<b>X-ray</b>	•	•	•	•