



Name

DOB

Address

Phone

Medicare No

Diagnostic Request *Diagnostic Services Requested*

Referral Details *Reason for Referral and Clinical History*

Referring Practitioner's Details *(include Practitioner's name and provider number)*

Signature

Copy to

Renal Function

Date ____/____/____

eGFR _____ Required if > 65 years, HT,DM or known renal disease

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

Internal use only

Y N Pregnant

Y N Front office check

Y N Patient identification verified

Y N Procedure and consent verified

Y N Correct side and site verified

Correct patient data and side markers

Tech initials: _____

Thank you for referring your patient to Radiology Victoria

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



	X-ray	CT	CTCA	MRI	Fluoroscopy	Angiography	Ultrasound	Vascular ultrasound	Breast ultrasound	Mammography	BMD	OPG/cephalogram	Cone beam	Nuclear Medicine	PET CT
Radiology Victoria - Knox 675 Boronia Rd Wantirna P 03 9297 8300 F 03 9297 8320	•	•	•	•			•	•	•			•			
Epworth Medical Imaging - Richmond Level 2, 89 Bridge Rd Richmond P 03 9297 8000 F 03 9297 8022	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Epworth Medical Imaging - Freemasons 113 Albert St East Melbourne P 03 9297 8200 F 03 9297 8222	•	•	•	•	•		•	•	•					•	•
Epworth Medical Imaging - Freemasons Medical Centre 320 Victoria Pde East Melbourne P 03 9297 8250 F 03 9297 8255	•								•	•	•				
Epworth Medical Imaging - Geelong 1 Epworth Place Warrn Ponds P 03 5279 8500 F 03 5279 8522	•	•	•	•	•		•	•	•	•	•	•	•	•	

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

Access your images and results online. Let our friendly reception staff know you'd like to register for the Patient Portal. For more information, please visit radiologyvictoria.com.au

Download the RadVic App

