



PATIENT DETAILS

NAME:

DOB:

ADDRESS:

EXAMINATION REQUIREMENTS

CLINICAL NOTES

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

REFERRING DOCTOR

SIGNATURE:

DATE:

Castlereagh Imaging adheres strictly to the requirements of the Privacy Legislation regarding your Medical Information. Your signature here authorises Castlereagh Imaging to provide your medical images and reports to other Medical Professionals whom you consult, and who may wish to view these as part of your medical care.

Order more referral pads – Fax 9806 0077

Patient Signature:

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

For all appointments or booking information please call your preferred practice location listed below

Date: _____

Time: _____

Location: _____

Other: _____

For more information about your examination please visit www.casimaging.com.au

COMPREHENSIVE PRACTICES			OPEN WEEKENDS	EOS IMAGING	X-RAY	LONG FILM	OPG & LATERAL CEPHALOMETRY	CONE BEAM CT	FLUOROSCOPY	INTERVENTIONAL PROCEDURES	CT SCAN	CARDIAC CT	DENTAL CT	MAMMOGRAPHY (with Tomosynthesis)	ULTRASOUND including DOPPLER	ELASTOGRAPHY	ECHOCARDIOGRAPHY	BONE DENSITOMETRY / DEXA	NUCLEAR MEDICINE	MRI
CREMORNE Suite 1, 412 Military Rd. Bookings Email: cre@casimaging.com	Ph: 02 8969 8400 Fax: 02 8969 8499				✓	✓	✓			✓	✓		✓		✓			✓		✓
EDGECLIFF Eastpoint Shopping Centre Suite 301, 235 New South Head Rd. Bookings Email: edg@casimaging.com	Ph: 02 8340 3800 Fax: 02 9363 0276	SAT AM		✓	✓	✓			✓	✓	✓				✓					✓
NORWEST Lakeview Private Hospital Suite B19, 17-19 Solent Circuit. Bookings Email: lph@casimaging.com	Ph: 02 8711 0600 Fax: 02 8711 0622				✓	✓				✓	✓			✓	✓					
PENRITH Suite 4, 64-68 Derby St. Bookings Email: pth@casimaging.com	Ph: 02 4724 6300 Fax: 02 4737 3301	SAT AM		✓	✓					✓	✓			✓	✓	✓		✓	✓	✓
ST LEONARDS 60 Pacific Hwy. Bookings Email: stl@casimaging.com	Ph: 02 9978 7900 Fax: 02 9439 8400			✓	✓	✓				✓	✓				✓					✓
WESTMEAD 20-22 Mons Rd. Bookings Email: wes@casimaging.com	Ph: 02 8844 1750 Fax: 02 9687 2097	SAT AM		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓
WINDSOR - HAWKESBURY HOSPITAL Cnr Day & Macquarie Sts. Bookings Email: hawkesbury@casimaging.com	Ph: 02 4560 5515 Fax: 02 4560 5517				✓	✓	✓		✓	✓	✓	✓			✓					
WINDSOR 282 George St. Bookings Email: win@casimaging.com	Ph: 02 4560 1400 Fax: 02 4577 2695				✓	✓	✓			✓	✓			✓	✓	✓		✓		
GENERAL X-RAY ONLY																				
CHATSWOOD The Gallery 2nd Floor, 17A 445 Victoria Ave	Ph: 02 9978 7976 Fax: 02 9411 3286				✓	✓														
RANDWICK 3/160 Belmore Rd.	Ph: 02 8340 3875 Fax: 02 9310 0499				✓															

MRI available by appointment after hours and on weekends

Your doctor has recommended you use Castlereagh Imaging. You may choose another provider but please discuss this with your doctor first.