



**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](http://www.casimaging.com.au)

<b>COMPREHENSIVE PRACTICES</b>			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
<b>CREMORNE</b> Suite 1, 412 Military Rd. Bookings Email: cre@casimaging.com	<b>Ph: 02 8969 8400</b> Fax: 02 8969 8499				✓	✓	✓			✓	✓		✓		✓			✓		✓
<b>EDGECLIFF</b> Eastpoint Shopping Centre Suite 301, 235 New South Head Rd. Bookings Email: edg@casimaging.com	<b>Ph: 02 8340 3800</b> Fax: 02 9363 0276	SAT AM		✓	✓	✓			✓	✓	✓				✓					✓
<b>NORWEST</b> Lakeview Private Hospital Suite B19, 17-19 Solent Circuit. Bookings Email: lph@casimaging.com	<b>Ph: 02 8711 0600</b> Fax: 02 8711 0622				✓	✓				✓	✓			✓	✓					
<b>PENRITH</b> Suite 4, 64-68 Derby St. Bookings Email: pth@casimaging.com	<b>Ph: 02 4724 6300</b> Fax: 02 4737 3301	SAT AM		✓	✓					✓	✓			✓	✓	✓		✓	✓	✓
<b>ST LEONARDS</b> 60 Pacific Hwy. Bookings Email: stl@casimaging.com	<b>Ph: 02 9978 7900</b> Fax: 02 9439 8400			✓	✓	✓				✓	✓				✓					✓
<b>WESTMEAD</b> 20-22 Mons Rd. Bookings Email: wes@casimaging.com	<b>Ph: 02 8844 1750</b> Fax: 02 9687 2097	SAT AM		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓
<b>WINDSOR - HAWKESBURY HOSPITAL</b> Cnr Day & Macquarie Sts. Bookings Email: hawkesbury@casimaging.com	<b>Ph: 02 4560 5515</b> Fax: 02 4560 5517				✓	✓	✓		✓	✓	✓	✓			✓					
<b>WINDSOR</b> 282 George St. Bookings Email: win@casimaging.com	<b>Ph: 02 4560 1400</b> Fax: 02 4577 2695				✓	✓	✓			✓	✓			✓	✓	✓		✓		
<b>GENERAL X-RAY ONLY</b>																				
<b>CHATSWOOD</b> The Gallery 2nd Floor, 17A 445 Victoria Ave	<b>Ph: 02 9978 7976</b> Fax: 02 9411 3286				✓	✓														
<b>RANDWICK</b> 3/160 Belmore Rd.	<b>Ph: 02 8340 3875</b> 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.