



CASTLEREAGH IMAGING

REQUEST/REFERRAL

RADIOLOGISTS: Drs James Linklater (CEO), Julian Adler, Marina-Portia Anthony, Simon Dimmick, John Fraser, Samer Ghattas, Lavier Gomes, Philip Herald, Kelvin Ho, Philip Hung, John Korber, Vincent Lai, Jean Mah, Sarah McGlone, Kevin Ng, Jennie Noakes, Ashton Reeve, Michael Reeves, Alasdair Robertson, Rahul Rustogi, Ken Simmons, Babak Sanadgol, Kevin Tay, Roberta Tse, Rob Ward, Dinesh Yadav, Mitchell Yam

NUCLEAR MEDICINE PHYSICIANS: Dr Ali Atabaki, Philip Herald, Tim Liu, Mansour Mustafa

PATIENT DETAILS

SURNAME

Please Print

GIVEN NAME

DATE OF BIRTH

..... / /

DIAGNOSTIC SERVICES REQUESTED (Please tick box)

- | | | |
|--|---|---|
| <input type="checkbox"/> EOS Full Spine | <input type="checkbox"/> EOS Full Spine + Lower Limbs | <input type="checkbox"/> EOS Pelvis + Lower Limbs |
| <input type="checkbox"/> General X-Ray | <input type="checkbox"/> Dexa (Bone Densitometry) | |
| <input type="checkbox"/> OPG | <input type="checkbox"/> Lateral Cephalogram | <input type="checkbox"/> Cone Beam CT |
| <input type="checkbox"/> CT | <input type="checkbox"/> CT Angiography | |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Elastography |
| <input type="checkbox"/> Mammography (with Tomo) | <input type="checkbox"/> Mammogram +/- Ultrasound | |
| <input type="checkbox"/> FNA | <input type="checkbox"/> Biopsy (Core) | <input type="checkbox"/> Interventional Procedure |
| <input type="checkbox"/> MRI | <input type="checkbox"/> Nuclear Medicine Study | <input type="text"/> |
| <input type="checkbox"/> PET CT | <input type="checkbox"/> Order more referral pads – Fax 9806 0077 | |

REFERRING PRACTITIONER:

DOCTOR'S SIGNATURE AND REQUEST DATE



THE REQUEST NEED NOT BE HAND WRITTEN BUT BY LAW MUST BE SIGNED BY PRACTITIONER

..... / /
DATE

PHONE REPORT NO.

FAX REPORT NO.

CC DOCTOR

Region

Reason for Referral and Clinical History

Recent Se Creatinine level (If patient requires IV Contrast).....

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. Patient Signature:

PRACTICE

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	BONE DENSITOMETRY / DEXA	NUCLEAR MEDICINE	MRI	PET CT
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 8340 3899	SAT AM		✓	✓	✓			✓	✓				✓				✓	
HURSTVILLE Waratah Private Hospital Level B1, 31 Dora Street, Hurstville Bookings Email: wph@casimaging.com Ph: 02 9598 0100 Fax: 02 9598 0101			✓	✓	✓			✓	✓				✓		✓	✓	✓	✓
KINGSWOOD <i>Now Open</i> Nepean Health Hub Suite 101, 13 Barber Street Bookings Email: nhh@casimaging.com Ph: 02 4724 2700 Fax: 02 4724 2799	SAT AM		✓	✓				✓	✓	✓		✓	✓	✓	✓		✓	
NORWEST Lakeview Private Hospital Basement Level, 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			✓													✓	✓	
ST LEONARDS 60 Pacific Hwy. Bookings Email: stl@casimaging.com Ph: 02 9978 7900 Fax: 02 9978 7995		✓	✓	✓				✓	✓				✓				✓	
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.