

**APPOINTMENT:** Location \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Date \_\_\_\_\_

**PATIENT:** Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_  
Phone \_\_\_\_\_  
Medicare No \_\_\_\_\_

**EXAMINATION REQUESTED:** \_\_\_\_\_ **CLINICAL NOTES:** \_\_\_\_\_

**REFERRING DOCTOR DETAILS:** \_\_\_\_\_ **PATIENT CATEGORY:**  
 Medicare   
 Vet Affairs   
 WorkCover   
 TAC   
 O/S Visitor

**RESULTS:**  
 Please fax report  Fax No \_\_\_\_\_  
 Copies to \_\_\_\_\_  
 Doctor's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**EASTERN HEALTH  
 MEDICAL IMAGING  
 LOCATIONS:**

General X-ray  
 UltraSound Including Doppler  
 CT  
 Nuclear Medicine  
 Fluoroscopy  
 Mammography  
 DEXA (Densitometry)\*  
 Angiography\ Intervention  
 OPG & Lat Ceph

Location	General X-ray	UltraSound Including Doppler	CT	Nuclear Medicine	Fluoroscopy	Mammography	DEXA (Densitometry)*	Angiography\ Intervention	OPG & Lat Ceph
<b>Angliss Hospital</b> Level 1, Albert Street Upper Ferntree Gully 3156	●	●	●	●	●				●
<b>Box Hill Hospital</b> Ground Floor, Nelson Road Box Hill 3128	●	●	●		●			●	
<b>Healesville Hospital</b> 377 Maroondah Hlghway Healesville 3777	●								
<b>Maroondah Hospital</b> Ground Floor, Davey Drive East Ringwood 3135	●	●	●	●	●	●	●		●

**CT Scan**

Diabetic taking Metformin based drugs?

Yes  No

Recent renal function test results:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medicare cardholders bulk-billed for all  
 imaging studies and procedures**

\*Some DEXA examinations are not covered by Medicare.  
 A non-rebateable fee will apply.

**Monday to Friday 8.30am - 5.00pm by appointment**

Hospital	Phone	Fax
Angliss Hospital	9764 6243	9756 0439
Box Hill Hospital	9895 3221	9895 3394
Healesville Hospital	5962 4300	5962 2226
Maroondah Hospital	9871 3536	9871 3884