



Western Private Hospital

www.westernprivatehospital.com.au

Echocardiograph Bookings
Phone: 9319 3141
Fax: 9304 7348

Theatre Bookings
Phone: 9319 3152
Fax: 9923 6615

Cardiac Catheter Lab Bookings
Phone: 9319 3188
Fax: 9304 7349

Appointment: Date

Time

Outpatient

Inpatient

Ward/Bed #

MEDICAL IMAGING REQUEST

Patient's Name .	UR	Fluoroscopy	CONTRAST SCANNING
Address		DSA	If diabetic, does treatment contain Metformin?
Medicare No	DOB	U/S Echo	YES NO
Sex	Ph	Coronary Angiography	RENAL FUNCTION
	Mob	CT	eGFR Cr
			Date

REQUEST FOR EXAMINATION AND CLINICAL NOTES

FOR RADIOGRAPHER USE ONLY

Is there a chance the patient may be pregnant?

YES NO

Date of last LMP

Sign

Requesting Dr

Provider No

Address

Ph/Mob

Fax

Signature

Date

Copies to