



MR COR 01



Western Private Hospital

### WPH REQUEST FOR ACCESS

Attach patient identification label

UR No: ..... Admission No: .....

Surname: .....

Name: .....

Date of Birth: ..... Gender: .....

Dr: .....

Patient Details

Please find attached information as requested

No of pages (incl this) .....

#### TO: ATTENTION / PERSON REQUESTING THIS INFORMATION

Date: ..... / ..... / .....

Name: ..... Hosp/Dept: .....

Provider Number: .....

Fax No: ..... Mobile No: .....

Email: ..... Phone/Ext No: .....

#### FROM:

- HIS
- PET Centre
- Cardiac Catheter Lab
- Ward/Other

Tel: 9319 3197

Tel: 9304 7360

Tel: 9319 3188

Specify .....

Tel: .....

#### PATIENT DETAILS:

Surname: ..... URN: .....

First Name: ..... DOB: ..... / ..... / ..... Last Discharge Date: ..... / ..... / .....

#### REASON FOR REQUEST:

- Doctors Appointment
- Hospital Admission
- Emergency Department Attendance
- Clinic Appointment
- Other Ongoing Patient Care
- Multidisciplinary meeting
- Radiologic Comparison
- MRI
- Other .....

#### INFORMATION REQUESTED:

Admission / Exam Dates: .....

- Discharge Summary
- Operation Report
- Angio/PCI Report
- Anaesthetic Chart
- Sleep Study
- Drug Chart
- Pathology Results
- Echo / ECG Report
- Progress Notes
- Radiology Report
- Other .....

#### Images via PACS:

- PET / CT
- Cath Lab
- Echo

#### ACTION:

Consent Received:  Yes  No (Consent required unless for ongoing care)

Information sent/released by:  Fax  Mail  Email  Phone  Approved for release: .....

#### ACTION (WPH images only):

- Patient gave permission on PET Questionnaire for medical images to be transferred to other clinicians
- Requesting clinician providing clinical management or consultation for ongoing clinical care

Signature .....

Voyager PACS access: .....

Date sent: ..... / ..... / .....

Staff member's name: .....

BINDING MARGIN - DO NOT WRITE IN THIS AREA

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WPH REQUEST FOR ACCESS

MR COR 02