Broken Hill Radiology

•CT•X-ray•Echocardiogram•24hr & 48hr Holter•
•Bone Densitometry•Full Body Composition•
•National Lung Cancer Screening Program•

PRECISION IMAGING, QUALITY CARE

Your doctor has recommended that you use Broken Hill Radiology. Any change to this recommendation should be discussed with your doctor first.

PATIENT DETAILS

MEDICARE NUMBER: _____ / ____

NAME:

DATE OF BIRTH:

ADDRESS:

BEST CONTACT NUMBER:

REQUEST FOR

URGENT: ☐

☐ X-ray ☐ CT ☐ Ultrasound ☐ Echocardiogram ☐ Holter: 24hr / 48hrs / Extended*: _____Days
(Please specify) **no longer than 7days*

☐ Full Body Composition Scan
not eligible for medicare

☐ CAC - Calcium Score
not eligible for medicare

Please use specific referral for DEXA & NLCSP

CLINICAL DETAILS

For CT Scans:
Latest eGFR:_____
Date of pathology results:____/____/_____

REQUESTING PRACTITIONER'S DETAILS

(PROVIDER ID, FULL NAME, ADDRESS)

Provider ID: _____ SIGNATURE: _____ DATE: ___/___/_____

REPORTS

Reports will be sent directly via download to your clinic's program management service. If you would like to receive the report via e-mail please provide the details below:

EMAIL: _____

COPIES TO:
PROVIDER ID IF KNOWN, NAME & SURNAME, ADDRESS.
_____
_____
_____

COPIES TO:
PROVIDER ID IF KNOWN, NAME & SURNAME, ADDRESS.
_____
_____
_____

Privacy Note: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may also be used by Broken Hill Radiology to facilitate proper administration, to update clinic patient records and may be shared with your treating healthcare providers. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim and / or service, or as authorised/required by law.

Broken Hill Radiology

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