

BULK BILLING*

REFERRAL

REFERRAL

REFERRAL

REFERRAL

REFERRAL

REFERRAL

PATIENT DETAILS | EXAMINATION REQUIRED | CLINICAL NOTES

REFERRER DETAILS

For IV contrast, recent Creatinine level eGFR

Signature:

Now owner operated by local sub-specialty Radiologists

WARNERS BAY

9/472 The Esplanade, Warners Bay NSW 2282



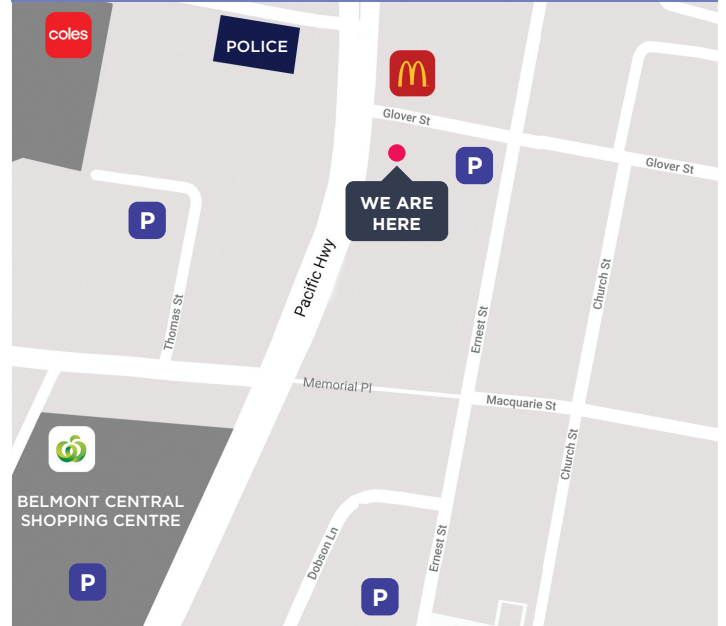
Opening Hours:

Mon-Fri: 8am - 5pm Sat: 9am - 12noon

Fax: 4915 7476

BELMONT

545 Pacific Highway, Belmont NSW 2280



Opening Hours:

Mon-Fri: 8am - 5pm Sat: 9am - 12noon

Fax: 4945 0718

YOUR APPOINTMENT DETAILS

Time: _____ Date: _____

Preparation: _____

OUR SERVICES

	Belmont	Warners Bay
X-ray	●	●
Ultrasound	●	●
CT	●	●
Bone Density	●	
OPG/Dental	●	●
Guided US Injections	●	●
Guided CT Injections	●	●
Biopsies	●	●

***All eligible Medicare services BULK BILLED**