RADIOLOGY REQUEST

578 Springvale Road
Springvale South VIC 3172
P: 03 75047062
F: 03 75047841
E: enquiries@paradigmradiology.com.au
ABN: 36 800 129 866

PATIENT DETAILS

Surname _____ Given name(s) _____

Date of birth _____ ☐ Male ☐ Female ☐ Other Phone _____

Address _____

Suburb _____ Postcode _____ Medicare no. _____

EXAMINATION REQUESTED

_____

_____

Date required by (if applicable): _____

Clinical History

REFERRING PRACTITIONER

Name _____ Provider no. _____

Practice address _____

Phone / fax _____ Signature _____ Date _____

COPY REPORT TO

Name _____ Provider no. _____

Clinic name / fax _____

Proudly independent radiology provider. Quick, efficient access and diagnosis for our referring partners and patients.
Don't hesitate to contact us for any queries and we will work closely to fulfil your radiology needs.

Thank you for choosing Paradigm Radiology

Paradigm Radiology is a proud independent radiology service.

- **Offering safe, superior quality X-Ray, Ultrasound and CT imaging, Paradigm Radiology delivers quick and efficient access and diagnosis for our referring partners and patients.**
- **Don't hesitate to contact us for any queries and we will work closely to fulfil your radiology needs.**

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- Paradigm Radiology can accept request forms from any imaging provider.
- This radiology request form can be presented at any imaging provider.

Finding us is easy

578 Springvale Road, Springvale South • next door to the BP, at the Clarke Road lights • convenient step-free access

