

TELEHEALTH REFERRAL

BOOKING NO. _____

APPT DATE & TIME _____

PREP _____



SKG
RADIOLOGY

Email form to: support@skg.com.au

www.skg.com.au

PATIENT	TITLE <input type="text"/>	SURNAME _____	D.O.B. _____
	FIRST NAME _____	PHONE NO. _____	

EXAMINATION	<input type="checkbox"/> X-RAY	<input type="checkbox"/> ULTRASOUND	EOS (<i>Hollywood, Subiaco & Wexford Only</i>)
	<input type="checkbox"/> CT SCAN	<input type="checkbox"/> NUCLEAR MEDICINE	
	<input type="checkbox"/> CT ANGIOGRAPHY	<input type="checkbox"/> MRI	<input type="checkbox"/> Full Spine & Lower Limbs
	<input type="checkbox"/> BONE DENSITOMETRY	<input type="checkbox"/> MAMMOGRAM	<input type="checkbox"/> Pelvis & Lower Limbs
	REGION OF INTEREST _____		

FOR STUDIES REQUIRING IV CONTRAST			
If there is clinical indication that may suggest renal impairment, please supply:	Serum Creatinine Level ($\mu\text{mol/L}$)	Date of Test	
	<input type="text"/>	<input type="text"/>	
(If no recent results, please arrange to check U + E's prior to scan)			

CLINICAL HISTORY	PREVIOUS STUDIES AVAILABLE FOR COMPARISON	<input type="checkbox"/> No	<input type="checkbox"/> SKG	<input type="checkbox"/> Other	Details _____

REQUESTING PRACTITIONER	DR'S NAME _____	DR'S PROVIDER NO. _____
	DR'S SIGNATURE _____	SIGNATURE OPTIONAL

BILLING INSTRUCTIONS	<input type="checkbox"/> Private	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> MVIT
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PATIENT DECLARATION

- I confirm the personal details listed on this referral are correct.
- I give permission for SKG Radiology to share these images and reports electronically, which will remain visible for health providers with secure access.
- I give permission for SKG Radiology to obtain previous imaging and reports from other imaging providers for comparison.
- I understand there may be an account issued for this service which I am responsible for paying.

Signature of Patient/Legal Guardian _____

APOLLO REGISTRATION CHECK

I have checked the patient's identity and examination details are correct, and provided the patient with an estimated cost for today's examination (if any).

Signature of SKG Staff Member _____

TECHNICAL STAFF CHECK (may be completed electronically)

I have checked the patient's identity and examination details are correct, and obtained verbal consent for the examination.

Technical Staff Member Initials _____

LOCATIONS

TO MAKE A BOOKING OR ENQUIRY, PLEASE CALL YOUR NEAREST BRANCH

MRI BOOKING LINE - Please call 9320 1288

No appointment is required for General X-ray, OPG or Cephalometry

BUNBURY

55 Spencer Street, Bunbury 6230

Ph: (08) 9722 3200 Fax: (08) 9721 5385

Mon-Fri 8.30am-5.00pm

Sat 9.00am-12.00pm

COCKBURN

Cockburn Health & Community Centre

5 / 11 Wentworth Parade, Success 6164

Ph: (08) 9494 3500 Fax: (08) 9499 3597

Mon-Fri 8.30am-5.00pm

Sat 8.30am-12.00pm

WALK-IN MRI & CT SERVICES AVAILABLE

CURRAMBINE

1 / 1 Hobsons Gate, Currambine 6028

Ph: (08) 9301 7000 Fax: (08) 9304 0387

Mon-Fri 8.00am-5.00pm

Sat 8.30am-12.00pm

WALK-IN CT SERVICES AVAILABLE

DUNCRAIG

Suites 3-5, 54 Arnisdale Road, Duncraig 6023

Ph: (08) 9246 8800 Fax: (08) 9448 0508

Mon-Fri 8.00am-5.00pm

Sat 8.30am-12.00pm

HOLLYWOOD PRIVATE HOSPITAL

115 Monash Avenue, Nedlands 6009

Ph: (08) 9449 5800 Fax: (08) 9389 8112

Mon-Fri 8.00am-5.00pm

Sat 8.30am-12.00pm

KELMSCOTT

2964 Albany Highway, Kelmscott 6111

Ph: (08) 9495 9300 Fax: (08) 9495 4117

Mon-Fri 8.30am-5.00pm

Sat 9.00am-12.00pm (General X-ray only)

MANDURAH

160 Pinjarra Road, Mandurah 6210

Ph: (08) 9582 4500 Fax: (08) 9534 8502

Mon-Fri 8.30am-5.00pm

Sat 8.30am-12.00pm

MIDLAND

164-168 Great Eastern Highway, Midvale 6056

Ph: (08) 9218 6600 Fax: (08) 9218 6680

Mon-Fri 8.30am-5.00pm

Sat 8.30am-12.00pm

MORLEY

Units 5 & 6, 11-13 Marchant Way, Morley 6062

Ph: (08) 6278 0400 Fax: (08) 9375 1148

Mon-Fri 8.30am-5.00pm

Sat 8.30am-12.00pm

MT LAWLEY

St John of God Mt Lawley Hospital

Thirlmere Road, Mt Lawley 6050

Ph: (08) 9471 6900 Fax: (08) 9471 6955

Mon-Fri 8.30am-5.00pm

MURDOCH

St John of God Medical Clinic

100 Murdoch Drive, Murdoch 6150

(entrance off Barry Marshall Parade - Gate 1)

Ph: (08) 9333 9200 Fax: (08) 9333 9286

Mon-Fri 8.00am-5.30pm

Sat 8.00am-12.00pm

(Limited services 12.00pm-5.00pm)

Sun 10.00am-11.00am

OUTRAM STREET

31 Outram Street, West Perth 6005

Ph: (08) 9481 1009 Fax: (08) 9481 8781

Mon-Fri 8.30am-5.00pm (General X-ray only)

ROCKINGHAM

8b Leach Crescent, Rockingham 6167

Ph: (08) 9527 0000 Fax: (08) 9592 5097

Mon-Fri 8.30am-5.00pm

SUBIACO

St John of God Subiaco Hospital

12 Salvado Road, Subiaco 6008

Ph: (08) 9286 6400 Fax: (08) 9286 6481

Mon-Fri 8.00am-5.00pm

Sat 8.00am-12.00pm

SHUTTLE BUS FROM SUBIACO TRAIN

STATION: MON-FRI (approx. 15 min intervals)

VICTORIA PARK

771 Albany Highway, Victoria Park 6100
(entrance off Sussex Street)

Ph: (08) 6253 9100 Fax: (08) 9362 2096

Mon-Fri 8.00am-5.00pm

WEMBLEY

5 Station Street, Wembley 6014

Ph: (08) 9489 0800 Fax: (08) 6380 2036

Mon-Fri 8.30am-5.00pm

WEXFORD

Wexford Medical Centre
Ground Floor, Barry Marshall Parade
(Gate 2), Murdoch 6150

Ph: (08) 6436 2500 Fax: (08) 9332 0047

Mon-Fri 8.30am-5.00pm

WILLETTON

Unit 1, 187 High Road, Willetton 6155

Ph: (08) 9354 0900 Fax: (08) 9457 4934

Mon-Fri 8.30am-5.00pm

WOODVALE

3 Castlegate Way, Woodvale 6026

(cnr Ocean Reef Road & Trappers Drive)

Ph: (08) 9408 3600 Fax: (08) 9309 5535

Mon-Fri 8.30am-5.00pm

"Your referrer has recommended you use SKG Radiology. You may choose another provider but please discuss with your referrer first."

SKG Radiology bulk bills Commonwealth Government Pension and Health Care Card holders for the majority of out-patient Medicare rebateable items (some exceptions do apply).