

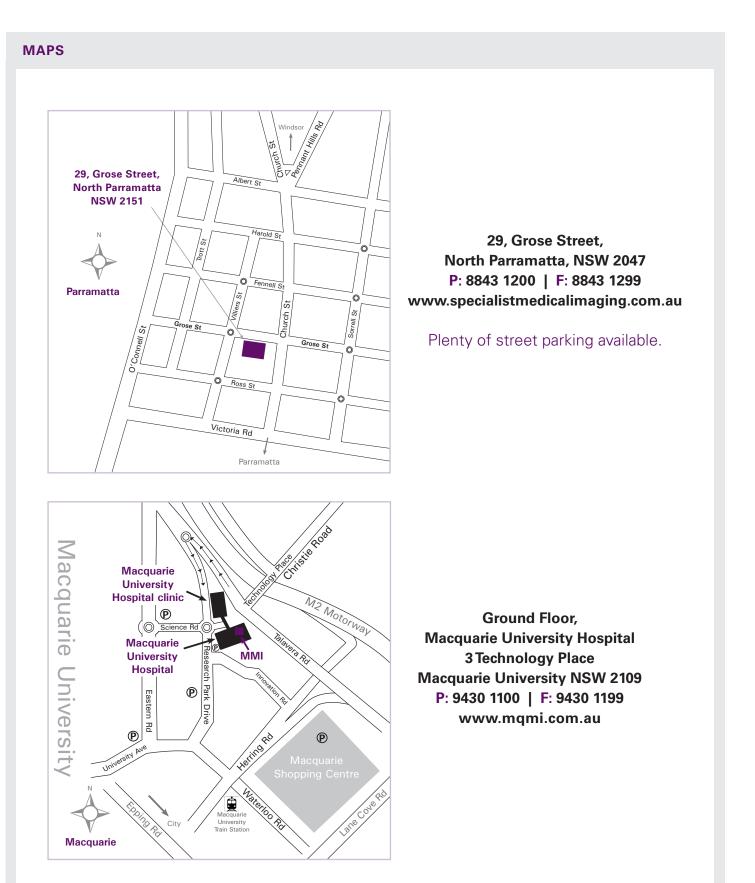
arramat 29, Grose Street, North Parramatta NSW 2151 P: 8843 1200 | F: 8843 1299

| Bulk | Billing available | e. Please | enquire  | at the time | e of | making  |  |
|------|-------------------|-----------|----------|-------------|------|---------|--|
| your | appointment.      | No app    | ointment | t required  | for  | X-rays. |  |

| ur appointment. No appointr | ment required for 2 | X-rays.      | APPOIN       |            | Date:                  | lime:                   |
|-----------------------------|---------------------|--------------|--------------|------------|------------------------|-------------------------|
|                             |                     |              |              |            |                        | PATIENT                 |
|                             |                     |              |              |            |                        | SCANTYPE / PROCEDURE    |
|                             |                     |              |              |            |                        | CLINICAL & SCAN DETAILS |
|                             |                     |              |              |            |                        | REFERRING DOCTOR        |
| FILMS & REPORT              | ○ To patient        | ○ Fax        | 🔿 Digital    | ⊖ Email    | 🔿 Deliver (please enqu | uire at reception)      |
|                             | ww                  | w.specialist | tmedicalimag | ing.com.au |                        |                         |







## Preparation instructions are available by calling (02) 8843 1200

Your doctor has recommended that you use Specialist Medical Imaging. You may choose another provider but please discuss with your doctor first.