



# Northern Beaches Aged Care Mobile X-ray Service- REQUEST FORM

Office: Northern Beaches Medical Imaging Dept. Mona Vale Hospital

Coronation St Mona Vale 2103 Phone: 9998 0268 Fax: 9998 0703

## Patient & Facility Details

First name _____	Medicare No _____
Surname _____	Pension No _____
DOB _____	DVA No _____
Sex male / female _____	MRN _____
_____	
Facility Name _____	
Facility Address _____	
Access/Patient Limitations _____	
Facility Phone _____	Fax _____

Affix patient sticker here (x-ray reception only)

Affix additional patient sticker here  
(doctor or nursing home staff only)

## *Financial Consent (This section must be completed)*

Name of person responsible for invoice \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Staff Witness \_\_\_\_\_

There is a minimum out of pocket cost (\$50) for Mona Vale Hospital Medical Imaging to provide this examination. NO cost to DVA

Has this cost been discussed and accepted by the person responsible for the invoice? Yes / No

## Examination & Medical Officer Details

Examination Requested _____
Clinical Information _____

ALERTS	
Infection Risk Details	Yes / No
Known Allergies Details	Yes / No
Service Priority	24h / 36h
Service Date Requested _____	

*Please ensure that all information is completed before faxing this request. X-rays can only be conducted when facility address & patient details, Medicare or DVA number and doctor's provider & fax number are supplied.*

Name of Referring Doctor	Provider Number	Contact Number	Fax Number
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Signature _____	Date _____
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Radiographer Notes	
Radiographer's Signature _____	DATE: _____
<input type="checkbox"/> Correct Patient <input type="checkbox"/> Correct Procedure <input type="checkbox"/> Correct Site	