

Interventional Request/Referral

	Name	DOB	1 1		
tails	Address				
Patient details					
Patie					
	Medicare No.	Telepho	one		
			_		
Pati	ent Location: Inpatient Ward:	Alerts:	Allergies Specify:		
	☐ Outpatient	ı			
Co	ontrast check list:		Antibiotic prophylaxis required		
History of drug reaction/contrast allergy			Fasting: Yes No		
Yes No Unknown			Consent obtained: Yes No		
☐ Patient >65 years ☐ Renal Disease ☐ Diabetes ☐ Metformin			Pregnant: ☐ Yes ☐ No ☐ Unsure ☐ Interpreter required?		
If yes, details: Date:			Language:		
Anti	congulation (Antiplatalet therapy)		☐ Interpreter booked?		
Anticoagulation/Antiplatelet therapy: Yes No If YES please specify:			Interpreter booked by:		
	es IIIV II IES piedse specify.	•	Titler preter booked by.		
Co	pagulation profile:				
IN	R:	. Date:			
Platelets:					
Da	te Stopping/stopped:				
Rele	evant Prior imaging: Company:				
Loca	ation:	Date:			
Pro	cedure and Region:				
Clin	ical Details: Priority/Timeframe: Urgent (contact department) 🔲 Within 1 week 🔲 Within 2	2 weeks	Month/Year		
		Detient	-ovel		
Nurse escort:			Patient travel: ☐ Wheelchair ☐ Bed ☐ Oxygen		
Yes Ext:		Attachments Bariatric			
	cautions:	Attaci	mients Bundine		
Цυ	ther (please indicate):				
	Practitioner name				
ails	Provider number				
s det	Address		use only YN		
Referring doctor's details	Phone Fax	Pregnar Patient	identification verified		
	Tux	Procedu	re and consent verified		
	Signature Date	recii ila	me/position:		
Re	Copy to				



Interventional Request

My appointment

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Other

For more information about your examination please visit epworthmedicalimaging.com.au

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



Epworth Richmond

Level 2, 89 Bridge Road, Richmond VIC 3121 Phone: 03 9297 8000 Fax: 03 9297 8022

Email: richmond@emi.net.au

Operating hours:

Monday - Friday: 7:00am - 7:00pm

Saturday: 7:30am - 4:00pm, Sunday: 8:30am - 1:00pm



Epworth Freemasons Albert Street

113 Albert Street, East Melbourne VIC 3002 Phone: 03 9297 8200 Fax: 03 9297 8222 Email: freemasons@emi.net.au

Operating hours:

Monday - Friday: 8:30am - 5:00pm Saturday and Sunday: inpatient service only



Epworth Geelong

1 Epworth Place (Off Pigdons Road), Waurn Ponds VIC 3216

Phone: 03 5279 8500 Fax: 03 5279 8522

Email: geelong@emi.net.au

Operating hours:

Monday - Friday: 8:30am - 5:00pm MRI Monday to Friday: 7:30am - 7:30pm Saturday and Sunday: inpatient service only



Radiology Victoria Knox

675 Boronia Road, Wantirna Phone: 03 9297 8300 Fax: 03 9297 8320

Email: knox@radiologyvictoria.com.au

Operating hours:

Monday - Friday: 8:00am - 6:00pm Saturday and Sunday: Closed