

Diagnostic and Interventional Radiology

We Bulk Bill all Medicare eligible Scans and Xrays

We Accept all Request Forms

Adelaide MRI & Diagnostic Imaging Computer Referral Template

	Top	Left	Width	Lines
Patient Name	40	26		
Patient Address	45	26		
Patient D.O.B.	45	85		
Patient Telephone Number	55	90		
Patient Medicare Number	65	85		
Chart Number	70	85		
Doctor's Name	115	10		
Doctor's Phone Number	120	60		
Doctor's Address	120	10		
Provider Number	115	70		
Copies To	125	140		
Request Date	130	100		
Requested Tests	85	55	60	2
Clinical Details	65	140	60	2

For further enquiries contact:

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