

MEDICAL IMAGING REQUEST



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Bairnsdale Vic 3875

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BOOKING SERVICE

Please complete form and
click the below button to
send directly to GLMI.
GLMI will ring your patient
directly (usually same
day).

Patient Details	
First Name	
Surname	
Date of Birth	
Phone Number	
Medicare Number	
Sex	
Priority	
Examination	
Type	Requested
CT Ultrasound X-ray DEXA CBCT / OPG	
Clinical Details	
Referring Doctor Details	
Name	
Address	
Provider Number	
Signed	
Date	
Copy To	

● CT ● Ultrasound ● X-ray ● OPG ● Cone Beam CT (CBCT) ● Bone Densitometry (DEXA)