MEDICAL IMAGING REQUEST

Patient Details	
First Name	
Surname	
Date of Birth	
Phone Number	
Medicare Number	
Sex	
Priority	Normal

Examination	
Type	Requested
☐ **CT** ☐ **MRI** ☐ **Ultrasound** ☐ **X-ray** ☐ **DEXA** ☐ **CBCT / OPG**	
Clinical Details	

Referring Doctor Details	
Name	
Address	
Provider Number	
Signed	
Date	
Copy To	

GLMI.com.au
GIPPSLAND LAKES MEDICAL IMAGING

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Bairnsdale VIC 3875

8 Whiters Street, Lakes Entrance VIC 3909

12 Inglis Street, Sale VIC 3850

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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).