|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your logo | | Radiology Practice |  | Radiologists |
| Address: | Dr James Miller |
| Phone | Dr James Miller |
| Fax | Dr James Millee |
| Email | Dr James Miller |
| Website: |  |
|  |  |  |  |
| Medical Imaging Referral For | | | Report (tick preferred) |
| Name | | DOB | [ ] Urgent |
| Address | | | [ ] Video report   (turn page for  patient consent) |
| Suburb | | Postcode | [ ] Phone result |
|  |  |  | [ ] Fax |
| Examination required | | | [ ] Copy to \_\_\_\_\_\_\_\_ |
| [ ] Bone Mineral Density | [ ] DEXA | [ ] QCT |  |
| [ ] Cardiac CT | [ ] CT (Low Dose) | |  |
| If IV contrast required, recent Creatinine level/eGFR | | | Films |
| [ ] EOS | | | [ ] Digital Access |
| [ ] Fluoroscopy | | | [ ] Deliver |
| [ ] Interventional Procedures | | | [ ] Return with patient |
| [ ] Mammography | [ ] Breast Ultrasound | |  |
| [ ] MRI | | |  |
| [ ] Nuclear Medicine | | |  |
| [ ] Ultrasound | [ ] Doppler |  |  |
| [ ] X-Ray | | |  |
|  |  |  |  |
| Clinical Notes | | |  |
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| Referring Doctor Details | | |  | *Your doctor has recommended this Radiology practice. If you wish to use another provider, please discuss with your doctor first* |
| Doctor's Name | | Provider No. |  |
| Address | | |  |
| Suburb | | Postcode |  |
| Signature | |  |  |
| Date |  |

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| Patient Information | | |  |  |
| Please bring all relevant examinations to your appointment for comparison. | | |  |  |
| Please phone our office to make an appointment or make an appointment online (provide link) | | |  |  |
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| Where you find us | | |  |  |
| Map of practice | | Directions |  |  |
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| Your logo | | Radiology Practice |  |  |
| Address: |  |  |
| Phone |  |  |

Consent for video reports

Some radiologists in this practice use Clinivid, a secure platform that allows them to send urgent and important results as video reports to your doctor and have a discussion about your case via secure messaging. Video reports do not replace your normal report, but are a fast way to inform your doctor immediately of relevant results when there is reason to discuss your case.

Do you consent to results of your imaging to be shared between the reporting radiologist and your doctor via the secure Clinivid platform?

[ ] **YES,** I consent to clinicians involved in my care to share my health information via Clinivid.

[ ] **NO,** I do not consent to clinicians involved in my care to share my health information via Clinivid.

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Patient Signature Date

*If you have any questions, go to clinivid.com.au or contact* [*info@clinivid.com.au*](mailto:info@clinivid.com.au) *| Phone: (02) 9327 7737*

*Clinivid is medical software developed in Australia, which has received support from the Department of Industry, Skills and Regional Development through the Innovate NSW program. Clinivid is exclusively distributed by Health Care Innovate Pty Ltd (A.C.N. 607 346 029).*