

- x3 ID check
- Pregnancy Status Check
- Consult Obtained

Imaging Practitioner Initial _____

My Radiology Centre

www.myradiologycentre.com.au

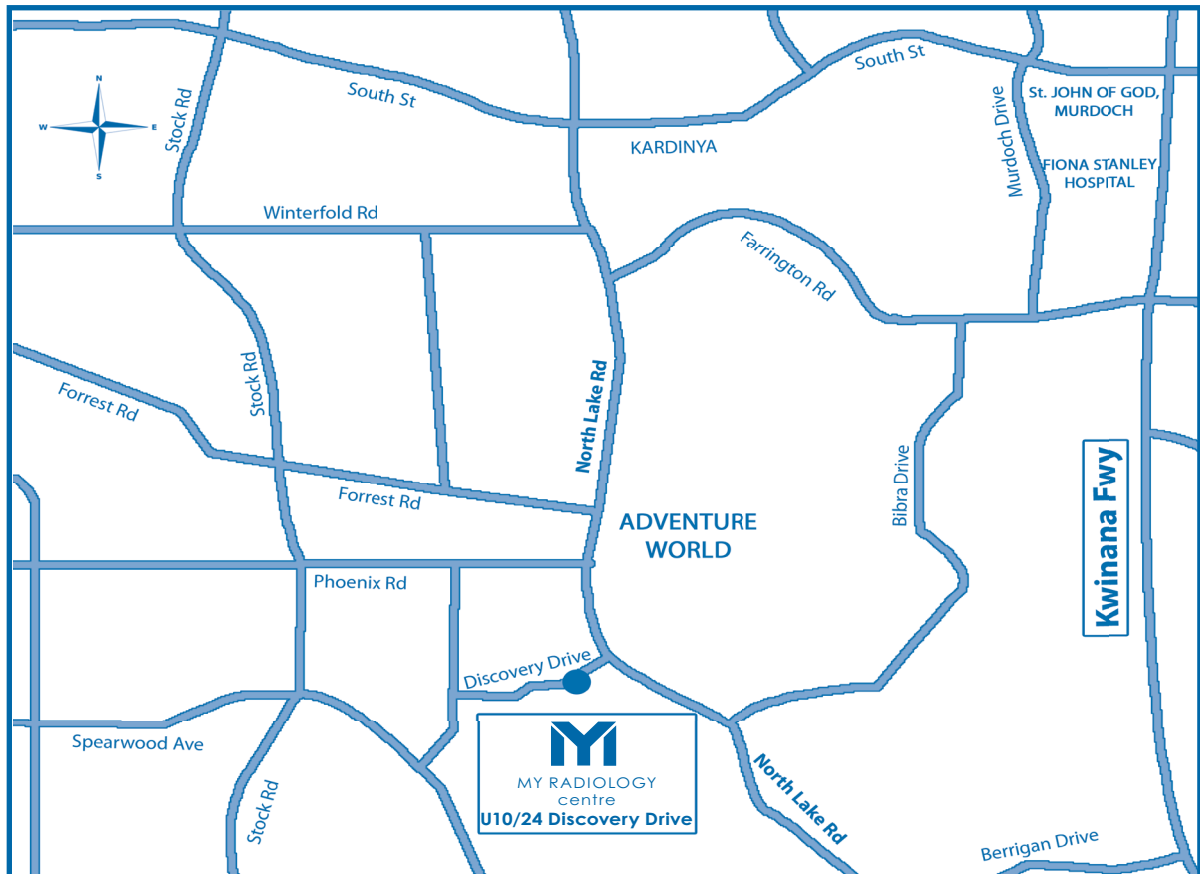


MY RADIOLOGY
centre

**Fully Bulk Billed
Radiology Practice**

Clinic Hours: 8.30am - 5.00pm (Mon - Fri)

Dr. Amarash Dayanandan
(MBBS, DRANZCOG, FRANZCR)
Cockburn Commercial Park
Unit 10/No. 24 Discovery Drive
Bibra Lake, Western Australia, 6163
Tel : 9434 9620 Fax : 9434 9791



Patient to Complete

Mr/ Mrs/ Miss/ Ms (Surname): _____ D.O.B. _____

First Name: _____ Middle Name: _____

Address: _____

Post Code: _____

Tel (Home): _____ Mobile: _____

Medicare No: _____ Ref: _____ Exp. Date: _____

DVA No: _____ Pensioner HCC

Motor Vehicle Insurance claim YES/NO: _____ Date of Accident: _____

Workers Comp claim YES/NO: _____

Name and address of Employer _____

Phone: _____

Name of Insurance Company: _____

I authorise My Radiology Centre to divulge a copy of my report to my employer or their insurance company. In the event my claim is rejected, I accept liability for the account in full.

Signature: _____ Date: _____

Your doctor has recommended you use My Radiology Centre, but you may prefer to use another provider, please discuss with your doctor first.

Affiliated Bulk Billed Radiology Practice - North of the River:
 Daya X-Ray & Ultrasound Centre
 Unit 3/52 Highclere Boulevard, Marangaroo, WA, 6064 Tel: (08) 9247 4717 Fax: (08) 9247 4718