



MY RADIOLOGY  
centre

**Fully Bulk Billed  
Radiology Practice**

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

Dr. Amarash Dayanandan  
Dr. Sean Lim  
Dr. Jonathan Ilan Waner

Cockburn Commercial Park  
Unit 10/No. 24 Discovery Drive  
Bibra Lake, Western Australia, 6163  
**Tel : 9434 9620 Fax : 9434 9791**

**Details**

Mr/ Mrs/ Miss/ Ms (Surname) \_\_\_\_\_ D.O.B. \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

**Examination Requested**

- X-Ray     
  Ultrasound     
  FNA     
  OPG  
 CT Scan (64 SI)     
  Bone Densitometry     
  Injection - CT or U/sound Guided

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Clinical History**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Report**

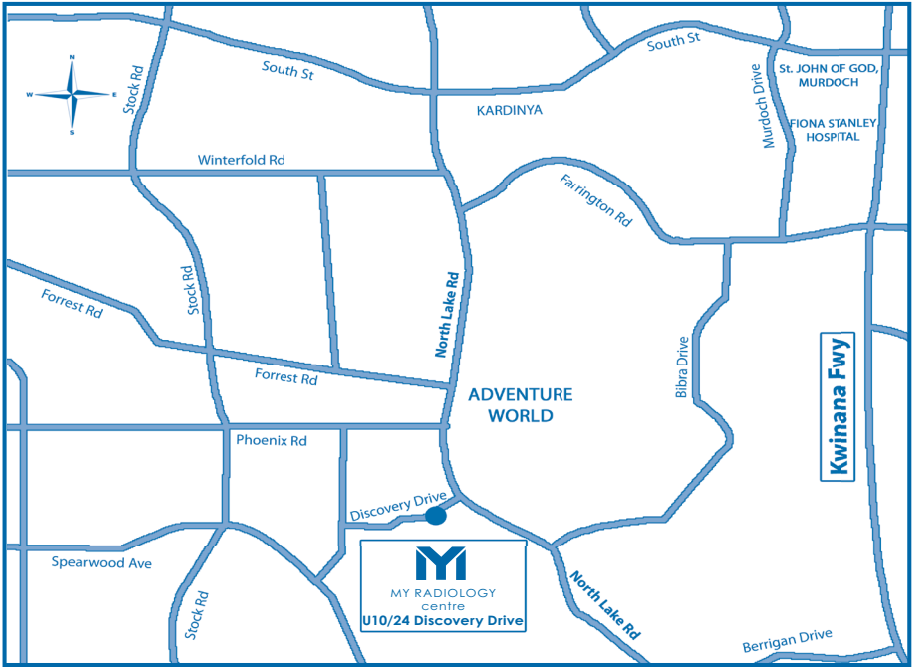
- Return with patient     
  Deliver     
  Phone     
  Fax

**Billing Instruction**

- Bulk Billed     
  DVA     
  Private     
  MVA     
  Workers' Comp

**Requesting Practitioner**

Doctor's 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.

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 <input type="checkbox"/> No: _____	Pensioner <input type="checkbox"/> HCC <input type="checkbox"/>
Motor Vehicle Insurance claim YES/NO: _____	Date of Accident: _____
Workers Comp claim YES/NO: _____	
Name and address of Employer _____	
Phone: _____	
Name of Insurance Company: _____	
<p>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.</p>	
Signature: _____	Date: _____

**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