EXECUTIVE HEALTH SOLUTIONS - HEALTH ASSESSMENT REFERRAL

BOOKING NO. _____

APPT DATE & TIME _____

PREP _____

SKG RADIOLOGY

customercare@skg.com.au | www.skg.com.au

PATIENT

MR/MRS/MISS/MS SURNAME _____ D.O.B. _____

FIRST NAME _____ PHONE NO. _____

EXAMINATION

- ☐ X-RAY
- ☐ CT SCAN
- ☐ BONE DENSITOMETRY
- ☑ BODY COMPOSITION
- ☐ ULTRASOUND
- ☐ MRI
- ☐ MAMMOGRAM

To be billed to Executive Health Solutions

REGION OF INTEREST _____

FOR STUDIES REQUIRING IV CONTRAST

If there is clinical indication that may suggest renal impairment, please supply. If no recent results, please arrange to check U + E's prior to scan.

Date of Test _____

Creatinine _____ eGFR _____

CLINICAL HISTORY

PREVIOUS STUDIES AVAILABLE FOR COMPARISON ☐ No ☐ SKG ☐ Other Details _____

Screening

REQUESTING PRACTITIONER

Patient to take printed results

DR'S NAME Lyndal Shcnabel DR'S PROVIDER NO. 6221884F

DR'S SIGNATURE lschnabel DATE _____

BILLING INSTRUCTIONS ☐ Private ☐ Workers' Compensation ☐ MVIT

PATIENT DECLARATION

- I confirm the personal details listed on this referral are correct.
- I give permission for SKG Radiology to share these images and reports electronically, which will remain visible for health providers with secure access.
- I give permission for SKG Radiology to obtain previous imaging and reports from other imaging providers for comparison.
- I understand there may be an account issued for this service which I am responsible for paying.

Signature of Patient/Legal Guardian _____

APOLLO REGISTRATION CHECK

I have checked the patient's identity and examination details are correct, and provided the patient with an estimated cost for today's examination (if any).

Signature of SKG Staff Member _____

TECHNICAL STAFF CHECK (may be completed electronically)

I have checked the patient's identity and examination details are correct, and obtained verbal consent for the examination.

Technical Staff Member Initials _____

PLEASE PHONE FOR AN APPOINTMENT FOR ALL EXAMINATIONS EXCEPT GENERAL X-RAY, OPG & CEPHALOMETRY

LOCATIONS

TO MAKE A BOOKING OR ENQUIRY, PLEASE CALL YOUR NEAREST BRANCH

MRI BOOKING LINE - Please call 9320 1288

No appointment is required for General X-ray, OPG or Cephalometry

BUNBURY
55 Spencer Street, Bunbury 6230
Ph: (08) 9722 3200 Fax: (08) 9721 5385
Mon-Fri 8.30am-5.00pm
Sat 9.00am-12.00pm

BUSSELTON
Units 2 & 3, 24 Bussell Highway, West Busselton 6280
Ph: (08) 9752 7300 Fax: (08) 9752 7330
Mon-Fri 8.00am-5.00pm

COCKBURN
Cockburn Health & Community Centre
5 / 11 Wentworth Parade, Success 6164
Ph: (08) 9494 3500 Fax: (08) 9499 3597
Mon-Fri 8.30am-5.00pm
Sat 8.30am-12.00pm
WALK-IN CT SERVICES AVAILABLE

CURRAMBINE
1 / 1 Hobsons Gate, Currambine 6028
Ph: (08) 9301 7000 Fax: (08) 9304 0387
Mon-Fri 8.00am-5.00pm
Sat 8.30am-12.00pm
WALK-IN CT SERVICES AVAILABLE

DUNCRAIG
Suites 3-5, 54 Arnisdale Road, Duncraig 6023
Ph: (08) 9246 8800 Fax: (08) 9448 0508
Mon-Fri 8.00am-5.00pm
Sat 8.00am-12.00pm

HOLLYWOOD PRIVATE HOSPITAL
115 Monash Avenue, Nedlands 6009
Ph: (08) 9449 5800 Fax: (08) 9389 8112
Mon-Fri 8.00am-5.00pm
Sat 8.30am-12.00pm

KELMSCOTT
2964 Albany Highway, Kelmscott 6111
Ph: (08) 9495 9300 Fax: (08) 9495 4117
Mon-Fri 8.30am-5.00pm
Sat 9.00am-12.00pm *(General X-ray only)*

MANDURAH
160 Pinjarra Road, Mandurah 6210
Ph: (08) 9582 4500 Fax: (08) 9534 8502
Mon-Fri 8.30am-5.00pm
Sat 8.30am-12.00pm

MIDLAND
164-168 Great Eastern Highway, Midvale 6056
Ph: (08) 9218 6600 Fax: (08) 9218 6680
Mon-Fri 8.30am-5.00pm
Sat 8.30am-12.00pm

MORLEY
Units 5 & 6, 11-13 Marchant Way, Morley 6062
Ph: (08) 6278 0400 Fax: (08) 9375 1148
Mon-Fri 8.30am-5.00pm
Sat 8.30am-12.00pm

MT LAWLEY
St John of God Mt Lawley Hospital
Thirlmere Road, Mt Lawley 6050
Ph: (08) 9471 6900 Fax: (08) 9471 6955
Mon-Fri 8.30am-5.00pm

MURDOCH
St John of God Medical Clinic
100 Murdoch Drive, Murdoch 6150
(ent. off Barry Marshall Parade - Gate 1)
Ph: (08) 9333 9200 Fax: (08) 9333 9286
Mon-Fri 8.00am-5.30pm
Sat 8.00am-12.00pm,
12.00pm-5.00pm *(Limited services)*
Sun 10.00am-11.00am

MURDOCH NUCLEAR MEDICINE (GENESISCARE)
Ground Floor, GenesisCare Cancer Centre
100 Murdoch Drive, Murdoch 6150
(ent. off Fiona Wood Road - Gate 3)
Ph: (08) 9449 7200 Fax: (08) 9449 7285
Mon-Fri 7.00am-5.00pm

ROCKINGHAM
8b Leach Crescent, Rockingham 6167
Ph: (08) 9527 0000 Fax: (08) 9592 5097
Mon-Fri 8.30am-5.00pm

SUBIACO
St John of God Subiaco Hospital
12 Salvado Road, Subiaco 6008
Ph: (08) 9286 6400 Fax: (08) 9286 6481
Mon-Fri 8.00am-5.00pm
Sat 8.00am-12.00pm
For weekday appointments after 6pm and all weekend appointments, please enter through the main hospital entrance via Salvado Road

VICTORIA PARK
771 Albany Highway, Victoria Park 6100
(ent. off Sussex Street)
Ph: (08) 6253 9100 Fax: (08) 9362 2096
Mon-Fri 8.00am-5.00pm

WEST PERTH
Suite 3, Ground Floor, 1 Havelock Street, West Perth 6005
Ph: (08) 9420 4304 Fax: (08) 9420 4330
Mon-Fri 9.00am-12.30pm,
1.00pm-5.00pm

WEXFORD MEDICAL CENTRE
Ground Floor, Suites 10-12, Barry Marshall Parade (Gate 2), Murdoch 6150
Ph: (08) 6436 2500 Fax: (08) 9332 0047
Mon-Fri 8.30am-5.00pm

WILLETTON
Unit 1, 187 High Road, Willetton 6155
Ph: (08) 9354 0900 Fax: (08) 9457 4934
Mon-Fri 8.30am-5.00pm

WOODVALE
3 Castlegate Way, Woodvale 6026
(cnr. Ocean Reef Road & Trappers Drive)
Ph: (08) 9408 3600 Fax: (08) 9309 5535
Mon-Fri 8.30am-5.00pm

"Your referrer has recommended you use SKG Radiology. You may choose another provider but please discuss with your referrer first."

SKG Radiology bulk bills Commonwealth Government Pension and Health Care Card holders for the majority of out-patient Medicare rebateable items (some exceptions do apply).