ULTRAMOBILE RADIOLOGY

URGENT CARE 'IN HOME' MOBILE X-RAY

Mobile X-Ray & Ultrasound Request Form

Patient Name:

Date Of Birth:

Facility Name & Address

Medicare Card/DVA Number:

Staff Contact/Telephone:

Requested Examination & Clinical Details (Required):

Attending Clinician:

Name:

Date:

Signature:

Provider Number:

Clinic Address:

Tick Below For Priority Mobile X-Ray (Bulk Billed):

- ☐ Unwitnessed Fall or Known Fall | ? Fracture
- ☐ CXR For Heart Failure
- ☐ CXR For Pneumonia, Infection or Pleural Effusion
- ☐ Abdomen XR For possible Obstruction

Report Copies To:

- Name of Patients Usual GP:
- Referrer Contact Mobile Number or Email Address to notify of any Urgent or Unexpected Findings:

Mobile Radiology Examinations Can Include:

Chest X-Rays	DVT, Venous & Arterial US
Abdomen X-Rays	Abdomen & Renal US
Pelvis & Hips Xrays	Musculoskeletal US
Spinal X-Rays	Thyroid US
All Extremities	'In Clinic' Mobile Ultrasound Lists

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HDAA ACCREDITED PRACTICE

For Non Urgent Mobile X-Ray's we require the Person Responsible For Payment - Please Enter Below:

Name:

Mobile Number & Email:

Your doctor has requested that you use Ultra Mobile Radiology. You may choose another provider, however it is important that you discuss this with your doctor first

Healthcare Innovation with Ultra Mobile Radiology

Contact Ultra Mobile Radiology:

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