



Gibraltar
radiology

📍 113 Bowral Street, Bowral NSW, 2575
☎ 3805 9270 📠 3805 9271
✉ reception@gibradiology.com.au
🌐 www.gibaltarradiology.com.au

PATIENT DETAILS

Name:
DOB:
Ph:

MODALITY

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> X-ray | <input type="checkbox"/> Interventional |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Biopsy |
| <input type="checkbox"/> CT | <input type="checkbox"/> Injection |
| <input type="checkbox"/> MRI | <input type="checkbox"/> Other |

EXAMINATION REQUESTED

.....

CLINICAL NOTES

.....

.....

.....

.....

URGENT

REFERRER DETAILS

Name:
Signature:
Provider Number:

Phone:

Fax:

Date:



Gibraltar
radiology

📍 113 Bowral Street, Bowral NSW, 2575
☎ 3805 9270 📠 3805 9271
✉ reception@gibradiology.com.au
🌐 www.gibaltarradiology.com.au

IMAGING REQUEST FORM



X-RAY



CT



ULTRASOUND



MRI



INTERVENTIONAL

APPOINTMENT DETAILS

Date: Time:

Preparation:

Notes: