



# Medical Imaging Campbelltown

Ground floor 178-180 Queen Street CAMPBELLTOWN NSW 2560  
PO Box 638 CAMPBELLTOWN NSW 2560  
Phone 4621 9000 Fax 4621 9001

Dr. Sacha Kobilski FRANZCR Dr. Ahmed Mayat FRANZCR Dr. Peijin Tew FRANZCR

Open Monday - Friday 8-30 am to 5-30pm Sat 8-30am to 12-30pm PLEASE BRING PREVIOUS FILMS TO APPOINTMENT

## Patient Details

Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Clinical Notes Allergies  Workers Comp  More Request Pads

### Examination

- |                                   |                                       |                                     |   |
|-----------------------------------|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> X-ray    | <input type="checkbox"/> CT           | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Interventional |
| <input type="checkbox"/> OPG      | <input type="checkbox"/> Angio        | <input type="checkbox"/> Obstetric  | <input type="checkbox"/> Biopsy/FNA     |
| <input type="checkbox"/> Lat ceph | <input type="checkbox"/> Arthrogram   | <input type="checkbox"/> MSK        | <input type="checkbox"/> Injection      |
|                                   | <input type="checkbox"/> Densitometry | <input type="checkbox"/> Doppler    |   |

### Region(s)

- Report  Urgent  
 Phone  
 Fax  
 Email

Name: \_\_\_\_\_  
 Provider No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_