



Radiology Referral

Form G2



☐ Do not send reports to My Health Record

Medical Imaging Final Check

MIT initials: _____

☐ 3 Patient identification check verified ☐ Correct side & site verified ☐ Procedure & consent verified ☐ Pregnancy excluded





Please consider the environment
CHOOSE TO GO FILMLESS

All images are digitally stored for future
online access or printing if required

Contact us
1300 697 226
scradiology.com.au

Please send through your referral prior to making an appointment

OR

bookings@scradiology.com.au
scradiology.com.au/booking

Date: _____ Preparation: _____

Appointment time: _____

Please arrive 15 minutes prior to your appointment time

Please make an appointment.
Preparation may be required prior
to examination. Fees may apply.



	BMD	CTCA	CT Scan	Dental	Echocardiography	Fluoroscopy	Gastroesophageal Reflux	Interventional	Mammography	MRI	Nuclear Medicine	PET/CT	Ultrasound	X-Ray
Beerwah 72 Simpson St, Beerwah 4519														
Buderim 12-14 King St, Buderim 4556														
Caloundra 67 Bowman Rd, Caloundra 4551														
Coolum 5 Birtwill St, Coolum Beach 4573														
Kawana 3/7 Nicklin Way, Minyama 4575														
Maroochydore - Baden Powell St 49 Baden Powell St, MCY 4558														
Maroochydore - Wises Rd 60 Wises Rd, MCY 4558														
Maroochy Private Hospital 12 Future Way, MCY 4558														
Nambour Nambour Central, entry via Ann St, Nambour 4560														
Noosa Noosa Civic Medihub 28 Eenie Creek Rd, Noosaville 4566														
Selangor Private Hospital 62 Netherton St, Nambour 4560 T: (07) 5376 4600 F: (07) 5376 4599														
SCUPH 3 Doherty St, Birtinya 4575 T: (07) 5436 7200 F: (07) 5436 7299														
Warana 1 Main Dr, Warana 4575														