



Patient Information

First Name: Surname: DOB / /

Address Suburb Gender F M

State Postcode Contact # Are you pregnant? Y N

E-Mail

Next appointment with practitioner / / (or date by which films are required)

Office use only ID:
Entered by: on: / /

Medicare # Position Card Expiry /

You acknowledge your consent for this procedure by supplying your Medicare or Health Fund card details.
Verbal consent given by the patient, _____

Office use only
Developed by: on / /
Verified and Posted by: on / /

Referring Doctor to Complete

| | | | |
|--------------|----------------------|---------------|----------------------|
| Doctors Name | <input type="text"/> | Speciality | <input type="text"/> |
| Practice | | Provider No. | |
| Address | | Telephone No. | |
| City/Suburb | | Fax No. | |
| Postcode | | Email | |

Note that Medicare legislation only permits imaging and reporting of areas directly indicated

Clinical Indication: Please Specify

CBCT Computed Tomography 57362 (Medicare Use Only) or 039 (Health Fund)

Images Required:

- Sinus
- Mastoids
- Temporomandibulat Joint
- Facial Bonnes
- Nose

Others Images Required:

Patient risk factors & health status: (if applicable)

Report Format Hard Copy CBLink Website ONLY Do you require DICOM for Image Guidance N Y

Dr Signature Date / /

I confirm that the patient has been assessed as suitable to undergo the prescribed scan.
This form confirms that patient agrees to Canada Bay Medical Imaging Pty Ltd providing diagnostic images.

This referral is valid for 12 months:Your doctor has recommended that you use Canada Bay Medical Imaging Pty Ltd.
You may choose another provider but please discuss this with your doctor first.



Current Sites Available

| Practice Location | Address | Opening Hours | Bookings Contact |
|---------------------|---|--|------------------|
| Canada Bay | Canada Bay - Head Office 69 Great North Rd. Five Dock NSW 2046 (Entry: 69 Thompson Ln - Behind) | 8:30AM – 5:30PM (Mon-Fri) (After hours by appointment only) | 02 9713 0070 |
| Sydney – CBD | Canada Bay Sydney City Suite 601, Level 6, 60 Park Street Sydney CBD NSW 2000 | 8:30AM – 5:30PM (Mon-Fri) (After hours by appointment only) | 02 9713 0070 |
| Darlinghurst | Sydney ENT Clinic 67 Burton Street Darlinghurst NSW 2010 | (Mon-Fri) (By Appointment only) | 02 9713 0070 |
| | | | |

Enquire about our services by emailing reception@canadabaycentre.com.au or call Dr Celso Nishiguchi or Vivien Munoz-Ferrada on 02 9713 0070