Austin HEALTH
Department of Molecular Imaging and Therapy

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MOLECULAR IMAGING AND THERAPY REFERRAL
Nuclear Medicine Therapy

Patient Details

Surname ____________________

First name ____________________

Date of birth ____________________

Austin UR ____________________

Address ____________________

Suburb ____________________

Gender ☐ Male ☐ Female

Patient Contact Details

Home phone number ____________________

Mobile phone number ____________________

Email address ____________________

Alternative contact person ____________________

Phone number ____________________

Patient status:

☐ Public ☐ DVA
☐ Private ☐ TAC
☐ Overseas patient ☐ Workcare

Referral Information

Therapy required: ____________________

Clinical notes: ____________________

Patient mobility requirements: Weight over 150kg? ☐ Requires a hoist lift? ☐

Requesting Doctor & Report Distribution

Referring Doctor ____________________ Provider No. ____________________

Mobile ____________________ Signature ____________________

Email address ____________________ Date ____________________

Preferred mechanism of electronic transfer of report: HealthLink ☐ Medinexus ☐ Other:

Additional copy of report to: ____________________

Email address ____________________

Preferred mechanism of electronic transfer of report: HealthLink ☐ Medinexus ☐ Other:

Patients are free to take their referral to a diagnostic imaging provider of their choice. Please discuss with your doctor first.
Referral forms may be downloaded from http://www.austin.org.au or internally from The Pulse

Prof Andrew Scott MD, FRACP, FAHMS; Prof Christopher Rowe MD, FRACP; Dr Sam Berlangieri FRACP; Associate Prof Sze Ting Lee PhD, FRACP; Dr Aurora Poon FRACP; Dr Andrew Tauro FRACP; Dr Raef Boktor MD, FRACP, DDU; Dr Robin Low FRACP, DDU; Associate Prof Eddie Lau FRANCR; Dr Reza Garzan FRACP.

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