

Dr JW Read
MBBS FRANZCR DDU
Radiologist



Consultation and Examination Request

Patient Name: _____ D.O.B: ___ / ___ / ___

Address: _____ Phone: _____

Medicare rebateable services directed to Dr John Read will incur GAP fees

Please perform:

- | | |
|---|--|
| <input type="checkbox"/> CT Groin or Abdominal Wall | <input type="checkbox"/> MRI Groin or Abdominal Wall |
| <input type="checkbox"/> 3D Render (non-rebateable) | <input type="checkbox"/> Functional X-ray Pelvis |
| <input type="checkbox"/> Other _____ | |

Clinical Details and History

Referrer Name:

Address:

Phone:

Signature:

Provider Number:

Fax:

Date:

Contact details :

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www.mqmi.com.au



Use camera to scan the QR code
and make an appointment

*Your Doctor has recommended you use Macquarie Medical Imaging. You may choose another imaging provider but please discuss with your Doctor first.
Referrals that are Medicare eligible and are directed to Dr John Read will incur GAP fees for specialist services.*