



## Mobile X-Ray Request Form

Your doctor has recommended that you use Aged Care Imaging. You may choose another provider but please discuss with your doctor first.

# Aged Care Imaging

Imaging that comes to you

Dr J. Rogan  
Dr J. Nagorcka  
Dr N. Walters  
Dr N. Houghton

Aged Care Imaging  
PO Box 2569  
Caulfield Junction  
Victoria 3161

**To make a request**  
**Fax 03 8414 2899**  
**Tel 1300 850 405**

Aged Care Facility

Address

Date

Fax

Staff Member Contact

Phone

## Patient Details

Surname

First Name

Date of birth

Male

Female

Medicare No.

DVA No. (required for discount)

Pension No. (required for discount)

## Examination Requested

Clinical Information

Priority

Same day

Next day

Infection Risk

Known Allergies

Referring Doctor

Provider No.

Signature

Date

Clinic

Phone

Clinic Address

Fax

## Financial Approval (This section must be completed)

There is an out of pocket cost for ACI to provide this examination

Has the out of pocket cost been discussed and accepted by the person responsible for the invoice

Yes

No

## Person Responsible for Invoice (Please obtain all of these details)

Name

Relationship to resident

Medicare No.

Address

DOB

Phone

Staff Witness



Office use only

ACI No.

Inv No.