



CREMORNE RADIOLOGY

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WWW.CREMORNERADIOLOGY.COM.AU

Patient Name: _____ Male / Female

DOB: **DD / MM / YY** Medicare No.: _____

Address: _____

Phone: _____ Mobile: _____ Pregnant: Y / N

- X-RAY
- ULTRASOUND
- DXA (Bone density or body composition)
- CT SCAN Bulk Bill
- OPG/DENTASCAN Bulk Bill

- SOFT TISSUE/BURSAL INJECTION
- JOINT INJECTION
- NECK/SPINE INJECTION
- OTHER INJECTION
- BIOPSY/ASPIRATION

LOCATION: _____

CLINICAL NOTES

REFERRER DETAILS

Referring Doctor: _____

Address: _____

Phone: _____ Signed: _____

Date: **DD / MM / YY** Provider No.: _____

STAMP



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X-RAY
CT SCAN
CT ANGIOGRAPHY
ULTRASOUND
VASCULAR ULTRASOUND
MUSCULOSKELETAL
ULTRASOUND
OBSTETRIC ULTRASOUND
DEXA BONE MINERAL DENSITY
DEXA WHOLE BODY
COMPOSITION
OPG/DENTASCAN

JOINT INJECTION
SOFT TISSUE/BURSA INJECTION
SPINAL INJECTION

- FACET BLOCK
- NERVE BLOCK
- EPIDURAL
- DISCOGRAM
- MYELOGRAM

BIOPSY/DRAINAGE



FREE PARKING ON STREET AND
IN THE CREMORNE
TOWN CENTRE OPPOSITE.

Your doctor has recommended Cremorne Radiology.
You may choose another provider but please discuss with your doctor first.