

RADIOLOGY REQUEST

Radiology use only

DATE:

TIME:

FAST TRACK X-RAY

For residents of Aged Care Homes only

PATIENT DETAILS

Name:

D.O.B. UR (if known):

Name & address of Aged Care Home:

.....

.....

Phone: Fax:

Examination Required:

Clinical Notes:

GP Signature: Date: .. / .. / ..

REQUESTING DOCTOR

Name: Prov. No.:

Address:

Ph/Mob: Fax:

COPY TO:

Aged Care Home: (see name & address above)

Ph: Fax:

AUSTIN FAST TRACK X-RAY

1. This Radiology Service is **ONLY** for

- residents of aged care homes
 - ❖ who require ambulance transport
 - ❖ whose clinical situation is non-urgent
 - ❖ who are expected to return to aged care home for further management
 - ❖ who require X-ray (NOT CT scans or ultrasounds)

2. How to access this service

- Book a non-urgent ambulance Ph: 1300 366 313 Fax: 1300 366 314
- COMPLETE and FAX **Austin Fast Track Radiology Notification and Patient Registration Form** to Austin ED on Fax 9496 3572
- COMPLETE this **Fast Track X-ray request form**. Send both this form **and** the Notification and Patient Registration form with the resident.

3. Location of service

Enter Austin Hospital from Burgundy Street via ED triage

