



X-RAY

Weekday Service

CALL FOR BOOKING:

0499 992256

 **Note: NO CALL = NO BOOKING**

WHEN CALLING OUT OF HOURS - LEAVE A COMPLETE CLEAR MESSAGE

IF WE DON'T HAVE ENOUGH DETAIL, YOUR CALL CANNOT BE RETURNED

**ALERT US IF RESIDENT IS MRSA/VRE POSITIVE
or REQUIRES SEDATION PRIOR TO EXAMINATION.**

ALERT US IF FACILITY IS UNDER LOCKDOWN

CHECK REFERRAL DETAILS!

- 1. Patient name, DOB and valid Medicare/DVA number**
- 2. Facility Resident Name Sticker applied**
- 3. Requested examination and history/reason for exam completed**
- 4. Referring Doctor name, provider number and fax clearly legible**
- 5. Referral must be signed and dated by referring Doctor**
- 6. Referral must show the Facility Name and Fax number**
- 7. Call out fee agreement confirmed.**

FAX or SCAN & EMAIL COMPLETED FORM:

FAX: 83 123123

EMAIL: admin@amxray.com.au

**PLEASE NOTE: A FACILITY STAFF MEMBER IS REQUIRED TO ATTEND WITH
EACH RESIDENT X-RAY EXAMINATION.**