



Next Appointment with Podiatrist

Appt Date _____

Please fax or email this referral to **08 6382 3800**
or bookings@envisionmi.com.au PRIOR to your
appointment date.

Patient Details

Surname _____

First Name _____ DOB _____

Telephone (H) _____ (B) _____ (M) _____

Examination Required – please tick all relevant boxes

MRI**

- Left Right Both
- Ankle / Hindfoot
- Midfoot
- Forefoot

ULTRASOUND**

- Left Right
- +/- Injection
- Ankle / Hindfoot
- Midfoot
- Forefoot

XRAY

- Left Right Both
- Weight-bearing

Area _____

If multiple regions of the foot are requested for MRI or Ultrasound scans, extra costs may apply due to the different set-up & scan time requirements.

Clinical Details / Queries

- Allergies

Referring Clinician

Signature _____

Date _____

Copy to _____

Report

- Electronic
- Fax
- Mail
- Phone

ENVISION

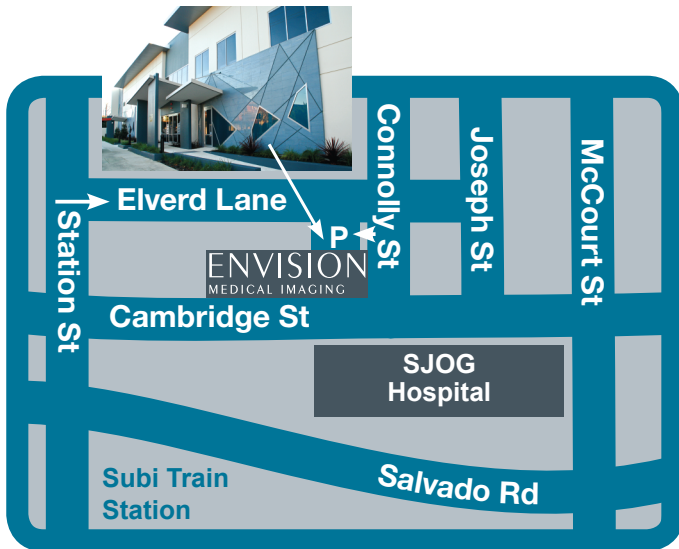
MEDICAL IMAGING



Bookings: Tel: 08 6382 3888 | Fax: 08 6382 3800 | Email: bookings@envisionmi.com.au

Please phone to arrange an appointment or email us and we will contact you with a convenient time and day. Please fax this form prior to your appointment.

Envision Medical Imaging is a private billing practice with payment required on the day of your examination.



Main office
Suite 5, 178 Cambridge Street (Opp SJOG Hospital)
Wembley WA 6014
(Free parking at rear of building)

MRI • CT • X-RAY • ULTRASOUND • NUC MED • DENTAL

Patients coming for After-Hours MRI Appointments should use the entrance at the rear of building where free parking is available.

Hours of Operation

Monday to Friday 8.30am – 5.00pm

(MRI is available out of hours Mondays – Thursdays and weekends)

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