



**Sydney
Interventional
Radiology**

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San In-Patient Booking

P: 9480 9840

F: 9480 9845

Elective Booking:

P: 9480 8728

F: 9520 5320

Patient Name: DOB:

Address:

Phone: Mobile: SAN MRN:

Procedure referral Please consult and consent the patient for the following:

Clinical Notes:

- Portacath
- PICC Line
- Spinal Injection
- Lumbar Puncture
- Biopsy
- Embolisation
- Other

Relevant prior scans @

Anticoagulation/Antiplatlets: No/Yes Contrast allergy: No/ Yes Diabetes: No/Yes

Referrer Details

Name: Provider No:

Address:

Phone: Fax:

Signature: Date:

Copy to:

PLEASE BRING RELEVANT PREVIOUS SCANS & REPORTS