



**The Royal
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Hospital**

**The RMH Parkville
Medical Imaging**

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**Private Imaging
Referral pad order form**

Email: radiologyreferralpadorder@mh.org.au

Subject line: Referral pad order

Type of referral pad _____

Number of pads required _____

Doctor's name _____

Provider number _____

Street address _____

Suburb _____

State and postcode _____

Phone number _____

Email address _____

Please ensure all details are typed clearly into this form or emailed with all the above details included as this is the minimum requirement for us to fulfill orders promptly.