

Lismore Base Hospital – Northern NSW Local Health District

REQUEST FOR ELECTRONIC IMAGE TRANSFER

PATIENT DETAILS	(Affix patient label if available)		Requesting party's contact details (must be completed in order to process request)	
	Date Requested:	Name.....		
	Date Required:	Phone No.:		
	NAME:	Consultant/Referrer:.....		
	DOB:	For Review by:.....		

EXAM DETAILS	<u>PROCEDURE NAME</u>	<u>DATE OF EXAM</u>

IMAGE TRANSFER DETAILS	FROM:	New South Wales				
	<input type="checkbox"/> Northern NSW Local Health District Enterprise PACS (Lismore)	<input type="checkbox"/> Other external site:.....				
	TO: (Please circle)	New South Wales				
	<input type="checkbox"/> John Hunter	<input type="checkbox"/> RNSH	<input type="checkbox"/> POW	<input type="checkbox"/> Westmead	<input type="checkbox"/> Westmead Children's	<input type="checkbox"/> St Georges
	<input type="checkbox"/> Gold Coast	<input type="checkbox"/> Prince Charles	<input type="checkbox"/> Princess Alexandra	<input type="checkbox"/> Lady Cilento Children's	<input type="checkbox"/> Royal Brisbane & Women's	

END	LBH PACS to complete – do not fill in. SERVICE COMPLETED BY		
	SIGNATURE:	PRINT NAME:	Time and DATE:

Return via:

Fax: 02 66 202454 **email:** lismorebasehospitalimaging@ncahs.health.nsw.gov.au