



P: 1300 656 194

F: 02 9005 7294

E: imaging.admin@healthcareimaging.com.au

REQUEST FOR ELECTRONIC DELIVERY OF IMAGING RESULTS

Practice Name: _____

Address: _____ **State:** _____

Suburb: _____ **Postcode:** _____

Tel: _____ **Fax:** _____

Practice Contact: _____

Practice E-mail: _____

Practice IT Support Contact: _____

Please list all doctors to receive reports electronically. (Please print clearly in block letters)

Doctors Name	Specialty eg. GP	Provider Number

For New Practice Requests Only:

Would you like to receive secure electronic delivery of reports directly into your patient management software?

Yes No

If **YES** please provide the name of your software e.g Medical Director, Best Practice, Genie etc.

Name: _____

Operating system: Windows Version _____ | Mac Version _____

Do you already receive Pathology Results? No

Yes MQ Code _____