I-MED Medical Image Exchange (MIX)

Email: transfer.mix@i-med.com.au Fax: (03) 8414 2828



□ Request of images <u>imported</u> to I-MED. Email the imaging provider and cc in <u>transfer.mix@i-med.com.au</u>. □ Request of images <u>exported</u> to external provider. Email <u>transfer.mix@i-med.com.au</u>.

Urgent (<24hrs) □Yes □No Date/time needed by:					y:	Date request sent:							
Patient Name:										***Mu	***Must have a minimum of 3 identifiers***		
Patient DOB:													
Patient Addr	ess:												
I-Med Folio ID Number:						URN/ID at another site:							
Request images from: Alfred Breastscreen Vic I-Med/MIA Peter MacCallum St Vincent's Albury Hospital Cardio Send images to: Alfred		□Austin		□Ballarat □Epworth Hea □Monash/Sout □Royal Childr □Western Hea alth Cardiology		thern ren's alth □St	v's Caro	□Barwon □FMIG □Northern Health □Royal Hobart □Western Private rdiology Public □Barwon □FMIG		□Bendigo Health □GV Health □Peninsula □Royal Melbourne □Other: □St V's Cardiology Private □Bendigo Health □GV Health			
☐ Breastscreen Vic ☐I-Med/MIA ☐Peter MacCallum ☐St Vincent's ☐Albury Hospital Cardio		□Eastern Health □Lake Imaging □RIS □Tasmania Health logy □Northern Hea		□Epworth Hea □Monash/Sou □Royal Childa □Western Hea lth Cardiology		thern ren's alth		☐ PMIG ☐ Northern Health ☐ Royal Hobart ☐ Western Private Cardiology Public		□GV Health □Peninsula □Royal Melbourne □Other: □St V's Cardiology Private			
Studies to be Imported Or Exported	Modality												
	Study Date												
	No of Images												
	Reports	□Email Address:				☐ Fax Number:					□Not Required		
Clinical reason for image transfer: □ Inpatient □ Outpatient □ MDM I					MDM □	I Surgery □Other:							
Consent to Release of Images													
Requesting clinician providing primary clinical management or requiring consultation to provide on-going clinical care for the named patient.						Clinician Name: Site Name: Person filling form (if different to Clinician name) Contact no of person filing form in (Necessary for follow-up – DO NOT LEAVE BLANK)							
Name of PACS person sending images:						-							
Contact phone number of PACS person sending images:						-							