

# Medical Image eXchange (MIX) - Hub and Spoke Transfer



- REQUESTING images from other Hospital  
 NOTIFICATION of sending images to other Hospital

Ph: 03 9304 7314  
 Fax: 03 9304 7347  
 email: pacs@westernprivate.com.au

Urgent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requesting Unit:	Name/Contact of person completing this form -
Date images needed by:		Name: Phone:

* Minimum of 3 Patient Identifiers required; Name, DOB and 1 other *	Patient Name:	
	Patient DOB:	
	Patient Address:	
	WPH UR Number:	
	Other Hosp UR (if known):	

Studies requested / sent	Study Date						
	Modality						
	No. of images						

Requesting Images From -				Send Images To -			
Alfred	Bendigo	Monash	RMH	Alfred	Bendigo	Monash	RMH
Amb Vic	Breastscreen	Northern	St. Vincent's	Amb Vic	Breastscreen	Northern	St. Vincent's
Austin	Darwin	Peninsula	Western	Austin	Darwin	Peninsula	Western
Ballarat	Eastern	PMCC	West Priv.	Ballarat	Eastern	PMCC	West Priv.
Barwon	Lake Imaging	RCH	Womens	Barwon	Lake Imaging	RCH	Womens

Report to be faxed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Fax no if different _____
Clinical Reason for needing the images transferred?	

**AUTHORITY TO TRANSFER: ONE OF THE OPTIONS BELOW IS REQUIRED**

Requesting clinician providing primary clinical management or requiring consultation to provide ongoing clinical care for the named patient?  Yes - Clinician Name \_\_\_\_\_  
 Clinician Signature \_\_\_\_\_  
 Pg / Ph / email at receiving hospital \_\_\_\_\_

OR

Has the named patient given permission for their medical images to be transferred and stored at the destination hospital?  Yes - Patient Signature \_\_\_\_\_

OR

Name of Clinician at destination hospital requiring images?  Yes - Clinician Name \_\_\_\_\_

FOR RADIOLOGY STAFF TO COMPLETE

Sending hospital to push images then FAX or EMAIL this request to receiving hospital

Fax no. of receiving hospital \_\_\_\_\_ Email \_\_\_\_\_  
 \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

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