



Paediatric Information Order Form

PO Box 940, Hawthorn Victoria 3122; p: 03 9804 6100; f: 03 9821 0787; www.mia.victoria.com.au

Date of Order:

Please deliver to: _____

Clinic Name: _____

Item	Sheets per pack	No required	Brochure	Brochures per pack	No of packs required
<input type="checkbox"/> CT Scan	20	_____	<input type="checkbox"/> MRI	20	_____
<input type="checkbox"/> General X-Ray	20	_____	<input type="checkbox"/> Ultrasound	20	_____
<input type="checkbox"/> Barium Enema	20	_____	<input type="checkbox"/> Micturating Cystourethrogram (MCU)	20	_____
<input type="checkbox"/> Other (please specify) _____		_____			_____

TO PLACE YOUR ORDER PLEASE COMPLETE THE FORM AND FAX TO : 03 9821 0787