

Knee Injury Imaging Request

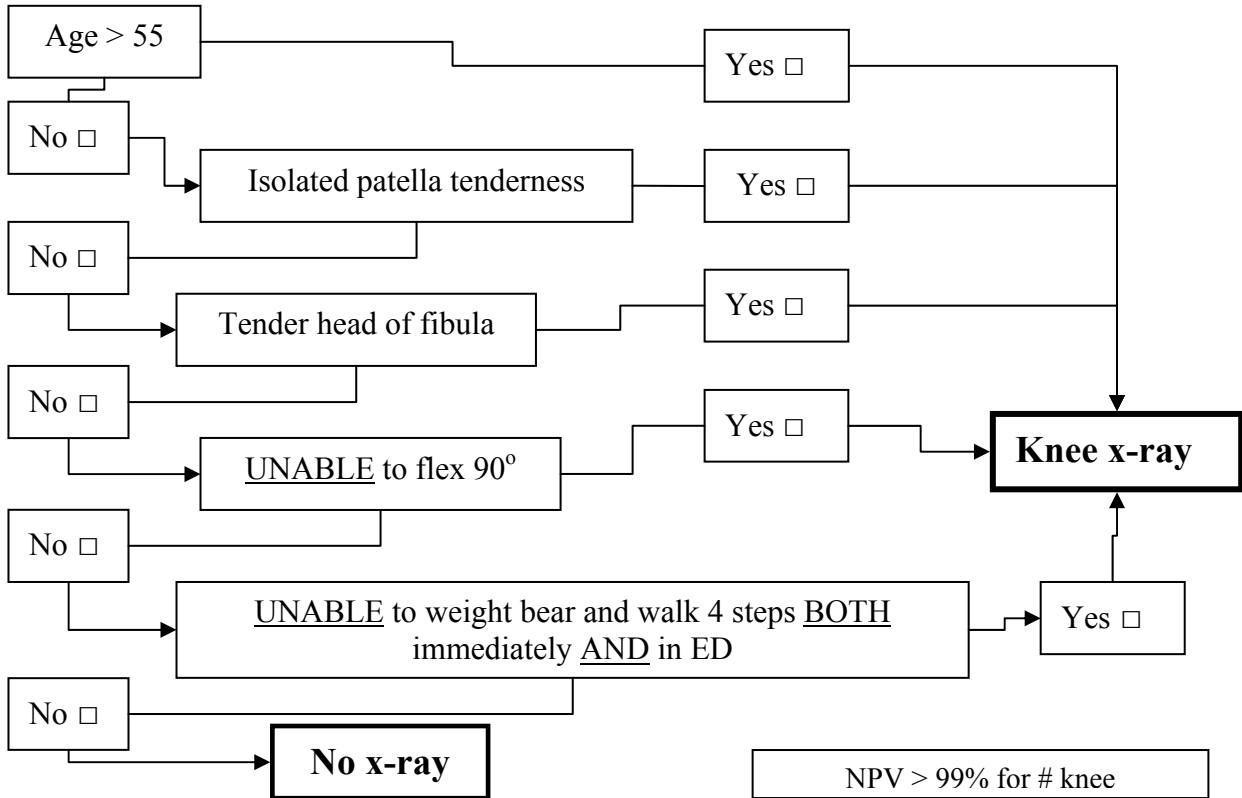
UR:
Name:
Address:

DOB:
Phone:
M / F

Billing Details	
<input type="radio"/> Rebate	<input type="radio"/> TAC
<input type="radio"/> WC	<input type="radio"/> Vets
<input type="radio"/> Private	
<input type="radio"/> Other.....	

ED cubicle no.....
Outpatient clinic no.....

Ottawa Knee Rules* (* reference on reverse)



Examination Requested
Clinical Details
Pregnant Yes/No

Copy of report to:

Requesting/Approving Consultant Registrar HMO/intern

Signature..... Name Page Date

Diagnostic Imaging Monash Medical Centre 9594-2200 Fax 9594-6687
 Dandenong Hospital 9554-8175 Fax 9554-8654
 Casey Hospital 8768-1265 Fax 8768-1966

- * Stiell IG, Greenberg GH, Wells GA, et al.
Derivation of a Decision Rule for the Use of Radiography in Acute Knee Injuries.
Ann Emerg Med Oct 1995; 26:4 405-13