



The Royal Women's Hospital Melbourne
Imaging Request form
01/07/2021 – 30/06/2022

SECTION 1 – APPLICANT/PATIENT DETAILS

Mr/Mrs/Miss/Ms/Dr Surname: Given Names:

Date of Birth: Hospital MRN number (if known):

Phone number(s) (H): (M):

Address:

Suburb: State: Postcode:

Email:

\* If we need to contact you to discuss your application, what is your preferred method of contact? (please tick)

- Phone/Mobile
Email

SECTION 2 – WHAT IMAGING WOULD YOU LIKE TO ACCESS?

If you wish to discuss your individual requirements, please contact FOI on (03) 8345 2610

- Digital copy of all of my imaging
Digital copy of specific imaging (please specify and include dates, if known)

SECTION 3 – HOW WOULD YOU LIKE TO COLLECT YOUR INFORMATION?

- By Registered post (charges will apply)
In Person – (our FOI team will contact you to arrange a time when your request has been completed)

SECTION 3 – AUTHORITY TO ACCESS INFORMATION

I, the applicant, acknowledge that:

- My application will be processed in accordance with the Freedom of Information Act 1982 (VIC) and that I have provided valid authority and Photo ID. The information and documents that I provide will be used to only process my request and will be handled in accordance with Victorian Privacy Laws
Charges will apply to access a digital copy of my images. I understand that my requested information will not be sent to me or I cannot collect my information until all outstanding fees and charges have been paid

Applicant/Patient signature Date:



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**CHECKLIST INFORMATION – Please ensure that the following is submitted**

- Completed Imaging Request Form
- Imaging Fee and Postage Fee (if applicable)
- Copy of Photo ID (e.g. Driver's licence, Passport, Key pass etc.)

**Please note: We may need you to provide additional information/supporting documentation but will contact you if this is required**

**ACCESS FEES AND CHARGES**

<b>Imaging</b>	
Radiology/Scans (USB)	\$10.00 per USB
<b>Post</b>	
Postage (Registered within Australia)	\$ As per Aust. Post
International Postage (Registered)	\$ As per Aust. Post

**PAYMENT**

- Cheque (to 'The Royal Women's Hospital')       Money Order       Credit Card (Complete details below)

Cardholder Name: \_\_\_\_\_ Access Fee Amount: \$ \_\_\_\_\_

- Visa       Mastercard      Exp. Date: ...../.....

Card Number: 

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Signature: \_\_\_\_\_

**Please return application, supporting documentation and payment to:**

Freedom of Information  
Health Information Services  
The Royal Women's Hospital  
Locked Bag 300  
Parkville VIC 3052  
**P:** (+61 3) 8345 2610    **F:** (+61 3) 8345 2642  
**E:** [foi@thewomens.org.au](mailto:foi@thewomens.org.au)