Government
of South Australia

SA Health

SOUTH
AUSTRALIA
MEDICAL
IMAGING

IMAGING REQUEST FORM SETUP
CHEAT SHEET

Please use the below information to align information on the South Australia Medical Imaging (SAMI) Imaging Request Form.

Provider Name: SA MEDICAL IMAGING

Layout	Left	Top		Left	Top
Patient name:	27	44	Doctor name:	13	116
Patient address:	27	50	Doctor address:	13	121
Patient D.O.B:	165	46	Provider No:	13	131
Medicare No:	165	63	Doctor's phone No:	13	135
Chart number:	27	63	Date printed:	152	140

	Left	Top		Width		Lines	
Request:	10	78	Width:	75	Lines:	12	
Clinical Details:	112	78	Width:	75	LInes:	6	

All measurements are in mm from top left corner of the page

Note: Font to be set to Arial Black 10pt.

sahealth.sa.gov.au/sami