

Please complete and email this e-referral to webbookings@qscan.com.au or upload securely to our website at <https://www.qscan.com.au/bookings/>

Patient name: _____

Birth date: _____

Address: _____

Phone: _____ Mobile: _____

WorkCover claim number: _____

EXAMINATION REQUESTED

X-RAY - PODIATRY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Weight bearing (base of gait) | <input type="checkbox"/> Non weight bearing | | |
| <input type="checkbox"/> Left | <input type="checkbox"/> Right | | |
| <input type="checkbox"/> Bilateral | | | |
| Foot | <input type="checkbox"/> Lateral | | |
| <input type="checkbox"/> Lateral oblique | <input type="checkbox"/> Medial oblique | | |
| Tarsus | <input type="checkbox"/> Calcaneal axial | <input type="checkbox"/> Harris & Beath | <input type="checkbox"/> Broden |
| Sesamoids | <input type="checkbox"/> Axial sesamoids | | |
| Subtalar & ankle | <input type="checkbox"/> A.P. | <input type="checkbox"/> Lateral | <input type="checkbox"/> Superoinferior oblique |

X-RAY - PHYSIOTHERAPY

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> C.Spine | <input type="checkbox"/> A.P. | <input type="checkbox"/> Chest |
| <input type="checkbox"/> T.Spine | <input type="checkbox"/> Lateral | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> L.Spine | <input type="checkbox"/> Oblique | <input type="checkbox"/> Extremity _____ |
| <input type="checkbox"/> Pelvis | <input type="checkbox"/> Functional views
- Flexion/Extension | <input type="checkbox"/> Other _____ |

EOS SPINAL & BODY IMAGING

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Pelvic/Lower Limb | <input type="checkbox"/> Spine | <input type="checkbox"/> Full Body |
| <input type="checkbox"/> MRI scan | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Body Composition DXA Scan |

Region _____

CLINICAL DETAILS

REFERRING PRACTITIONER

Name: _____

Address: _____

Phone: _____ Fax: _____

Provider no.: _____

Signature: _____

Date: _____

Send copy to: _____

Podiatry & Physiotherapy Referral



Dr Eric Sclavos 1973-2016

Dr Hal Rice
Dr David Leggett
Dr Mark Hansen
Dr Stephen Drew
Dr David Simpson
Dr Adrian Khoo
Dr Mark Burgin
Dr James FitzGerald
Dr Gary Shepherd
Dr Thomas Hess
Dr Laetitia de Villiers
Dr Tanya Wood
Dr Peter Jackson
Dr Cameron Napper
Dr Arash Moghaddam
Dr Justin Baulch
Dr Aziz Osman
Dr Samuel Davis
Dr Phillip Law
Dr Susan Ly
Dr Zeyad Al-Ogaili
Dr Gavin Mackie
Dr Arash Dehdari
Dr Dalveer Singh
Dr Haroon Cheema
Dr Ben Kelley
Dr Tim Demetriades
Dr Michael Bennett
Dr Martin te Kloot

PLEASE TICK FOR PRINTED IMAGES



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IMAGES

- | |
|--|
| <input type="checkbox"/> Online |
| <input type="checkbox"/> CD |
| <input type="checkbox"/> Return with patient |
| <input type="checkbox"/> Courier/Deliver |

REPORT

- | |
|--|
| <input type="checkbox"/> Electronic download |
| <input type="checkbox"/> Fax |

MORE REFERRAL PADS

- | |
|--------------------------------------|
| <input type="checkbox"/> A5 (manual) |
|--------------------------------------|

Your doctor has recommended you attend Qscan Radiology Clinics. You may choose another provider but please discuss this with your doctor first.

qscan.com.au

YOUR NEXT APPOINTMENT
DATE: _____

TIME: _____

LOCATION: _____

OTHER: _____

Open Saturdays
 X-ray
 EOS
 Dental & OPG
 CT Scan
 CTCA - CT Coronary Angiography
 Nuclear Medicine
 PET-CT Scan
 BMD/DXA
 Ultrasound
 Musculoskeletal Ultrasound
 Echocardiography
 MRI Scan

BRISBANE CLINICS

Clinic Name	Address	Ph: / Fax	Open Saturdays	X-ray	EOS	Dental & OPG	CT Scan	CTCA - CT Coronary Angiography	Nuclear Medicine	PET-CT Scan	BMD/DXA	Ultrasound	Musculoskeletal Ultrasound	Echocardiography	MRI Scan
ANNERLEY	Shop 7, 310 Ipswich Road	Ph: 07 3357 0388 Fax: 07 3357 0380	Sat	●		●	●	Incl. CTCA		●		●	●		●
ASPLEY	Shop 4, 1368 Gympie Road	Ph: 07 3863 3907 Fax: 07 3863 2358		●		●						●		●	
CARINDALE	Millennium Centre, 2 Millennium Boulevard	Ph: 07 3873 7800 Fax: 07 3395 3184	Sat			●	●	Incl. CTCA	●		●	●	●		● 3T
CLAYFIELD	College Junction, Cnr Sandgate & Wagner Roads	Ph: 07 3547 8000 Fax: 07 3262 1690		●		●	●	Incl. CTCA				●	●		● 3T
CLEVELAND	177 Bloomfield Street	Ph: 07 3821 1766 Fax: 07 3821 1100	Sat	●		●	●					●	●		
EVERTON PARK	456 South Pine Road	Ph: 07 3355 4422 Fax: 07 3355 4943		●		●	●					●	●		
MATER PRIVATE CLINIC	Level 6, 550 Stanley Street, South Brisbane	Ph: 07 3357 0361 Fax: 07 3010 5791		●				Incl. CTCA				●	●		
MEADOWBROOK	Meadowbrook Shopping Village, 261 Loganlea Road	Ph: 07 3445 4800 Fax: 07 3445 4757		●				Incl. CTCA	●			●	●		
NORTH LAKES	9 McLennan Court	Ph: 07 3448 8840 Fax: 07 3880 6118								●					
REDCLIFFE	6 Silbyn Street	Ph: 07 3357 0922 Fax: 07 3283 4277	Sat	●		●	●	Incl. CTCA	●			●	●		● 3T
RED HILL	Suite 1, 81 Fulcher Road	Ph: 07 3547 8080 Fax: 07 3547 8414		●	●		●					●	●		● 3T
TOOWONG	Level 1, 65 Sylvan Road	Ph: 07 3335 5200 Fax: 07 3335 5299				●	●	Incl. CTCA	●			●	●	●	● 3T
VICTORIA POINT	Suite 4, Lot 1 Bunker Road	Ph: 07 3207 0511 Fax: 07 3207 0922		●		●						●			
WINDSOR	Homezone, 142 Newmarket Road	Ph: 07 3357 0333 Fax: 07 3357 0300	Sat	●			●	Incl. CTCA	●		●	●	●		● 3T

GOLD COAST CLINICS

BURLEIGH WATERS	Treetops Specialist Medical Centre, 2 Classic Way	Ph: 07 5587 6333 Fax: 07 5587 6344		●		●	●				●	●	●		
GRIFFITH UNIVERSITY DENTAL CLINIC	L3 G40 Cnr Olsen Ave & Parklands Drive Southport	Ph: 07 5503 3433 Fax: 07 5503 3444					●	Cone Beam							
MERMAID WATERS	Q Super Centre, Cnr Bermuda & Markeri Street	Ph: 07 5526 6500 Fax: 07 5526 1764		●		●	●	Incl. CTCA				●	●		
NERANG	3/12 Ferry Street	Ph: 07 5554 7070 Fax: 07 5527 4045		●		●	●					●	●		
PARKWOOD	Parkwood Village, 76-122 Napper Road	Ph: 07 5631 7200 Fax: 07 5631 7222		●			●				●	●	●		● 3T
ROBINA	Robina Town Shopping Centre, Yellow Carpark	Ph: 07 5587 6363 Fax: 07 5578 7240		●		●	●		●			●	●		
SOUTHPORT	Pacific Private Clinic, 123 Nerang Street	Ph: 07 5503 3433 Fax: 07 5503 3444	Sat	●	●		●	●	●	●		●	●		● 3T
UPPER COOMERA	Home Consortium, Cnr Old Coach & Days Roads	Ph: 07 5649 7870 Fax: 07 3539 9860	Sat	●		●	●					●	●		● 3T