

RADIOLOGY REFERRAL



PATIENT DETAILS

Patient name:

Birth date:

Address:

Phone:

EXAMINATION REQUESTED

CLINICAL DETAILS

REFERRING PRACTITIONER

Name:

Address:

Phone:

Fax:

Provider number:

Signature:

Date:

Send copy to:

Thank you for referring your patient to Qscan Radiology Clinics.
For bookings & enquiries call (02) 6126 5000 or email adminact@qscan.com.au

YOUR NEXT APPOINTMENT

Date: _____

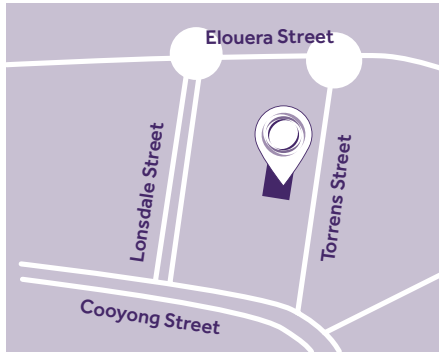
Time: _____

Location: _____

Other: _____

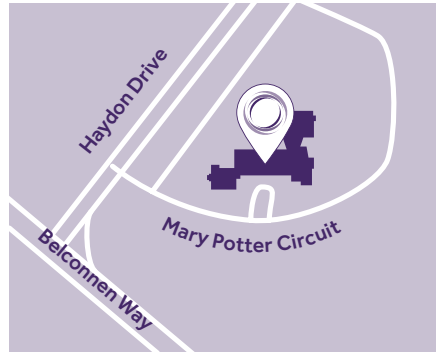


OUR LOCATIONS



Braddon

11 Torrens Street
Braddon ACT 2612
X-Ray • Ultrasound • CT • BMD
Biopsy • Nuclear Medicine
Cardiac CT
p: (02) 6126 5070
f: (02) 6247 7192



Calvary Public Hospital MRI

Level 2, Xavier Building
Calvary Public Hospital
Bruce ACT 2617
MRI • Biopsy
p: (02) 6126 5050
f: (02) 6251 6624



Canberra PET-CT

University of Canberra,
Corner Broula & Allawoona Street
Bruce ACT 2617
PET-CT
p: (02) 6126 5080
f: (02) 8322 4025
e: petcanberra@qscan.com.au



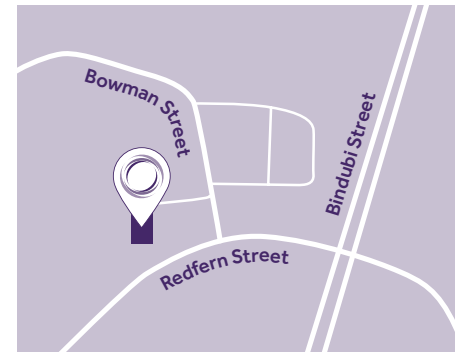
Gungahlin

Bunnings Complex
5 Hibberson Street
Gungahlin ACT 2912
X-Ray • Ultrasound • BMD • OPG
CT • Biopsy
p: (02) 6126 5090
f: (02) 6262 3329



Kingston

110 Giles Street
Kingston ACT 2604
X-Ray • Ultrasound
3D Mammography (Tomosynthesis)
CT • BMD • MRI • OPG • Biopsy
Cardiac MRI
p: (02) 6126 5010
f: (02) 6239 4242



Macquarie

3 Jamison Centre
Macquarie ACT 2614
X-Ray • Ultrasound
3D Mammography (Tomosynthesis)
CT • Biopsy
p: (02) 6126 5020
f: (02) 8287 4740

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All images are digitally archived for ten years and can be accessed by your doctor online anytime.

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