

# RADIOLOGY REFERRAL



## PATIENT DETAILS

Patient name:

Birth date:

Address:

Phone:

Mobile:

WorkCover claim number:

## EXAMINATION REQUESTED

X-ray

CT scan

Ultrasound

Interventional procedure

Other

BMD

DXA body composition

PET with diagnostic CT

PET with non-diagnostic CT

## CLINICAL DETAILS

Contrast allergy

No

Yes

Renal impairment

No

Yes

eGFR \_\_\_\_\_

Pregnant

No

Yes

Unsure

## REFERRING PRACTITIONER

Name:

Address:

Phone:

Fax:

Provider number:

Send copy to:

Signature:

Date:

Book online at [qscan.com.au/booking](https://qscan.com.au/booking)

Thank you for referring your patient to Qscan Radiology Clinics.

### MORE REFERRAL PADS

A4 (computerised)

A5 (manual)

# YOUR NEXT APPOINTMENT

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Preparation: \_\_\_\_\_

Please bring this referral to your appointment



## OUR LOCATION



### Rockingham

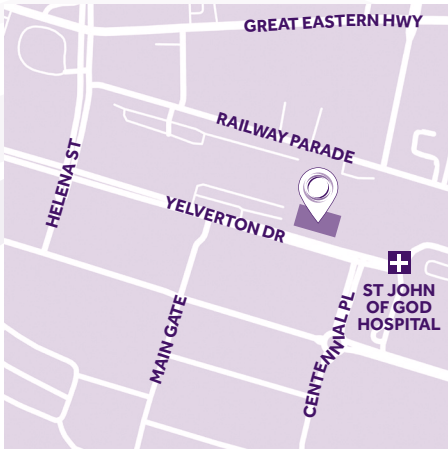
2 Civic Boulevard  
Rockingham WA 6168

- X-ray
- Ultrasound
- CT
- PET-CT
- Interventional procedures
- BMD
- DXA body composition

p: (08) 9500 8950

f: (08) 6444 7480

e: [petrockingham@qscan.com.au](mailto:petrockingham@qscan.com.au)



### Midland

81 Yelverton Drive  
Midland WA 6056

- X-ray
- Ultrasound
- CT
- PET-CT

p: (08) 6155 5500

f: (08) 6266 3719

e: [midland@qscan.com.au](mailto:midland@qscan.com.au)

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.