CHIROPRACTIC REFERRAL

Qscan RADIOLOGY CLINICS

PATIENT DETAILS

Patient name:

Birth date:

Address:

Phone: Mobile:

WorkCover claim number:

X-RAY EXAMINATION REQUESTED

- ☐ C.Spine O.M.
- ☐ C.Spine A.P.
- ☐ C.Spine obliques
- ☐ C.Spine flexion & extension
- ☐ C.Spine lateral & neutral
- ☐ T.Spine A.P.
- ☐ T.Spine lateral
- ☐ L.Spine A.P. (inc pelvis)
- ☐ L.Spine lateral
- ☐ L.Spine spot lateral
- ☐ Full spine A.P.
- ☐ Full spine lateral

CLINICAL DETAILS

Pregnant ☐ No ☐ Yes ☐ Unsure

REFERRING PRACTITIONER

Name:

Address:

Phone: Fax:

Provider number:

Send copy to:

Signature: Date:

See reverse side of this referral for contact details to organise your appointment or book online at **qscan.com.au/bookings.**

Thank you for referring your patient to Qscan Radiology Clinics.

MORE REFERRAL PADS

- ☐ A4 (computerised)
- ☐ A5 (manual)

64712-1

YOUR NEXT APPOINTMENT

Date: _____

Time: _____

Preparation: _____

Please bring this referral to your appointment

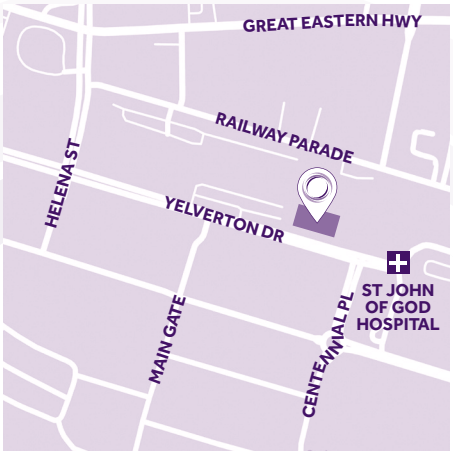
OUR LOCATION

Rockingham

2 Civic Boulevard
Rockingham WA 6168

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

p: (08) 9500 8950
f: (08) 6444 7480
e: 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

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.