

PATIENT		
<i>Name</i>	<i>Home</i>	
<i>Address</i>	<i>Mobile</i>	
<i>Date of birth</i>	<i>Medicare No.</i>	<i>Gender</i>

**QSCAN CHATSWOOD  
(PREVIOUSLY  
CHATSWOOD  
RADIOLOGY)**  
13 Spring Street  
Chatswood NSW 2067  
Tel: 02 8423 2700  
Fax: 02 9410 0244  
chatswood@qscan.com.au

REQUEST		
<b>Physiotherapists, Osteopaths &amp; Chiropractors</b> Unlimited Referrals - no time restriction <input type="checkbox"/> Hips - 57712 <input type="checkbox"/> Pelvis - 57715 <input type="checkbox"/> Cervical Spine - 58100 <input type="checkbox"/> Thoracic Spine - 58103 <input type="checkbox"/> Lumbar Spine - 58106 <input type="checkbox"/> Sacrococcygeal Spine - 58109 <input type="checkbox"/> 2 Region Spine - 58112 Allied health practitioners cannot refer more than one of the above spinal services on the same day.  <input type="checkbox"/> MSK X-ray      Please specify: <input type="checkbox"/> MRI                      Please specify:	<b>Physiotherapists, Osteopaths &amp; Chiropractors</b> Limited Referrals - only one of the following xrays can be performed per calendar year <input type="checkbox"/> 3 region spine - 58120 <input type="checkbox"/> Full Spine - 58121  <b>Podiatrists</b> <input type="checkbox"/> X-ray feet, ankles, lower & upper legs, knees, femurs, heels - 57521 <input type="checkbox"/> X-ray feet/ankles, knees/femurs, ankles/legs, legs/knees - 57527 <input type="checkbox"/> Ultrasound ankle or hind foot - 55836 <input type="checkbox"/> Ultrasound mid foot or fore foot - 55840 <input type="checkbox"/> Ultrasound cutaneous/subcutaneous mass - 55844	<b>X-RAY</b> <b>OPG</b> <b>ULTRASOUND</b> <b>CT</b> <b>MRI</b> <b>INTERVENTIONAL PROCEDURES</b> <b>MAMMOGRAPHY</b>  <b>QSCAN RYDE (PREVIOUSLY RYDE RADIOLOGY)</b> Suite 1, Level 1A 1 Pope Street (Above Ryde Library) Ryde NSW 2112 Tel: 02 9813 2500 Fax: 02 9809 2890 ryde@qscan.com.au  <b>X-RAY</b> <b>OPG</b> <b>ULTRASOUND</b> <b>CT</b> <b>INTERVENTIONAL PROCEDURES</b> <b>MAMMOGRAPHY</b> <b>BONE DENSITOMETRY</b>  <b>FREE PARKING AVAILABLE</b>

CLINICAL HISTORY

PATIENT NOTES			
<i>Appointment</i>	<i>Date:</i>	<i>Time:</i>	<i>Branch:</i>
<i>Preparation notes:</i>			
<p><b>Please bring this form, Medicare and health care cards to your appointment along with any previous relevant films.</b>                      Your doctor has recommended you use Qscan Radiology Clinics for quality imaging. You may choose another provider but please discuss this with your doctor first.</p>			

DOCTOR	
<i>Name</i>	<i>Provider Number</i>
<i>Address</i>	
<i>Date</i>	<i>Sign</i> <span style="float: right;">Films - Yes <input type="checkbox"/></span>
Qscan Radiology Clinics is committed to sustainability. All images are available digitally only unless requested	
<i>Copy to</i>	

## IMPORTANT

Unless stated otherwise, please continue to take your usual medications on the day of the procedure. For children and diabetics please discuss preparation with radiology reception. Please advise booking staff if you are pregnant.

<b>MRI</b>	Please contact reception if you have any of the following.	
Absolute contraindications		Cardiac pacemakers.
Relative contraindications		Intracranial aneurism clips, intraocular foreign bodies, metallic implants (including cochlear), extreme claustrophobia, reduced renal function



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