

CHIROPRACTIC REFERRAL



PATIENT DETAILS

Patient name: _____ Birth date: _____

Contact details: _____

Medicare number: _____ WorkCover claim number: _____

EXAMINATION REQUESTED

Cervical Spine X-ray

- AP
- Odontoid
- Neutral & Lateral
- Oblique
- Flexion & Extension

Thoracic Spine X-ray

- AP
- Lateral

Lumbar Spine X-ray

- AP (incl pelvis)
- Lateral

Full Spine X-ray

- AP (incl pelvis)
- Lateral
- Odontoid
- Stitched AP Stitched Lat

Pelvis

- AP
- Lateral (sacrum/coccyx)

Hips

- Left Right Bilat
- AP Oblique
- Erect X-ray Views Only

Other X-ray _____

Ultrasound _____

MRI

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Other _____
- Print films CD

CLINICAL DETAILS

Pregnant No Yes Unsure

REFERRING PRACTITIONER

Name: _____

Address: _____

Contact details: _____

Provider number: _____ Signature: _____

Date: _____ Send copy to: _____

Thank you for referring your patient to Qscan Radiology Clinics.
For bookings & enquiries call (03) 6240 2300 or email admintas@qscan.com.au

YOUR NEXT APPOINTMENT

Date: _____

Time: _____

Preparation: _____

Please bring this referral to your appointment



OUR LOCATIONS



North Hobart

3 Burnett Street
North Hobart TAS 7000

p: (03) 6240 2300

f: (03) 6240 2301

e: admintas@qscan.com.au

Patient parking

Free parking for patients is available at the front and rear of the building.

Level access is available via rear entrance off the car park.

- X-ray
- Ultrasound
- CT
- Interventional procedures
- MRI

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.