

Please complete and email to: webbookings@qscan.com.au
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Patient name: _____

Birth date: _____

Address: _____

Phone: _____ Mobile: _____

WorkCover claim number: _____

Podiatry & Physiotherapy Referral



Dr Eric Scavos 1973-2016

- Dr Hal Rice
- Dr David Leggett
- Dr Mark Hansen
- Dr Stephen Drew
- Dr David Simpson
- Dr Adrian Khoo
- Dr Mark Burgin
- Dr James FitzGerald
- Dr Gary Shepherd
- Dr Thomas Hess
- Dr Laetitia de Villiers
- Dr Tanya Wood
- Dr Peter Jackson
- Dr Cameron Napper
- Dr Arash Moghaddam
- Dr Justin Baulch
- Dr Aziz Osman
- Dr Samuel Davis
- Dr Phillip Law
- Dr Susan Ly
- Dr Arash Dehdari
- Dr Dalveer Singh
- Dr Haroon Cheema
- Dr Martin te Kloot
- Dr Jane McEniery
- Dr Gus McKenzie
- Dr Kevin Lee
- Dr Matthew Budak
- Dr Brian Carey
- Dr Jennifer Powell
- Dr Michael Tuppin
- Dr Cara Odenthal

EXAMINATION REQUESTED

X-RAY - PODIATRY

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Weight bearing
(base of gait) | <input type="checkbox"/> Foot | <input type="checkbox"/> Tarsus | <input type="checkbox"/> Sesamoids |
| <input type="checkbox"/> Non weight bearing | <input type="checkbox"/> A.P. | <input type="checkbox"/> Calcaneal axial | <input type="checkbox"/> Axial sesamoids |
| <input type="checkbox"/> Left | <input type="checkbox"/> Lateral | <input type="checkbox"/> Harris & Beath | <input type="checkbox"/> Subtalar & ankle |
| <input type="checkbox"/> Right | <input type="checkbox"/> Lateral oblique | <input type="checkbox"/> Broden | <input type="checkbox"/> A.P. |
| <input type="checkbox"/> Bilateral | <input type="checkbox"/> Medial oblique | | <input type="checkbox"/> Lateral |
| | | | <input type="checkbox"/> Mortise oblique |

X-RAY - PHYSIOTHERAPY

- | | | | |
|----------------------------------|----------------------------------|---|------------------------------------|
| <input type="checkbox"/> C.Spine | <input type="checkbox"/> A.P. | <input type="checkbox"/> Chest | <input type="checkbox"/> Extremity |
| <input type="checkbox"/> T.Spine | <input type="checkbox"/> Lateral | <input type="checkbox"/> Abdomen | <input type="checkbox"/> _____ |
| <input type="checkbox"/> L.Spine | <input type="checkbox"/> Oblique | <input type="checkbox"/> Functional views - Flexion/Extension | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pelvis | | | <input type="checkbox"/> _____ |

EOS SPINAL & BODY IMAGING

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Pelvic/Lower Limb | <input type="checkbox"/> Spine | <input type="checkbox"/> Full Body |
| <input type="checkbox"/> MRI scan | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Body Composition DXA Scan |

CLINICAL DETAILS

REFERRING PRACTITIONER

Name: _____

Address: _____

Phone: _____

Fax: _____

Provider number: _____

Signature: _____

Date: _____

Send copy to: _____

PLEASE TICK FOR PRINTED IMAGES



Qscan Radiology Clinics is committed to sustainability. All images are available digitally only unless requested.

IMAGES

- Online
- CD
- Return with patient
- Courier/Deliver

REPORT

- Electronic download
- Fax

MORE REFERRAL PADS

- A4 (computerised)
- A5 (manual)

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

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