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Sports Imaging Referral

CATEGORY 1 PRIORITY REPORTING

Patient name: _____

Birth date: _____

Address: _____

Phone: _____ Mobile: _____

SPORTING INSTITUTION

EXAMINATION REQUESTED

- ☐ Digital X-ray
- ☐ MRI Scan
- ☐ Nuclear Medicine SPECT/CT
- ☐ MSK Ultrasound
- ☐ EOS Spine
- ☐ Body Composition DXA Scan
- ☐ CT Scan
- ☐ Interventional Procedure
- ☐ Bone Mineral Densitometry
- ☐ Other

Region to be investigated: Other:

CLINICAL DETAILS

☐ Exclude ☐ Investigate ☐ Monitor ☐ Confirm

Contrast allergy	☐ No	☐ Yes		
Renal impairment	☐ No	☐ Yes	eGFR _____	
Pregnant	☐ No	☐ Yes	☐ Unsure	☐ Not Applicable

REFERRING PRACTITIONER

Name:

Address:

Phone: Fax:

Provider number:

Signature: Date:

Send copy to:

Qscan RADIOLOGY CLINICS

Dr Eric Sclavos 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
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- ☐ CD
- ☐ Return with patient
- ☐ Courier/Deliver

REPORT
- ☐ Electronic download
- ☐ Fax

MORE REFERRAL PADS
- ☐ A4 (computerised)
- ☐ A5 (manual)

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