UNITED RADIOLOGY

MILL PARK CLINIC
7045 1100
unitedradiology.com.au

X-RAY • LOW DOSE CT SCAN • ULTRASOUND • PAIN RELIEF

REQUEST / REFERRAL

PATIENT DETAILS

Name: .....

D.O.B: .....

Address: .....

Phone: .....

Medicare: ..... IRN: .....

CLINICAL NOTES

.....

.....

.....

.....

REFERRER DETAILS

Doctor: ..... Prov. No: .....

Address: .....

.....

Signature: ..... Date: .....

VIEWS REQUESTED

☐ FULL SPINE SERIES

CERVICAL SPINE:
- ☐ AP OM
- ☐ AP LC
- ☐ Neutral Lateral

THORACIC SPINE:
- ☐ AP
- ☐ Lateral

LUMBAR SPINE:
- ☐ AP
- ☐ Lateral
- ☐ AP Lumbo-Pelvic

ADDITIONAL VIEWS

OBLIQUES:
- ☐ Cervical
- ☐ Lumbar

FLEXION/EXTENSION:
- ☐ Cervical
- ☐ Lumbar

OTHER:
- ☐ Shoulder/s
- ☐ Knee/s
- ☐ Feet/Ankle/s
- ☐ .....

CLINIC USE

- ☐ ID Checks
- ☐ Consent Received
- ☐ Pregnant Y N

Technician's Initial:

.....

The consulting radiologist, in exercising due care and skill, may conduct a patient consultation as deemed necessary. The radiologist will engage with the referrer to consider any further diagnostic imaging requirements that may result from the consultation.
Your practitioner has recommended that you use United Radiology. You may choose another provider but please discuss this with your practitioner first.

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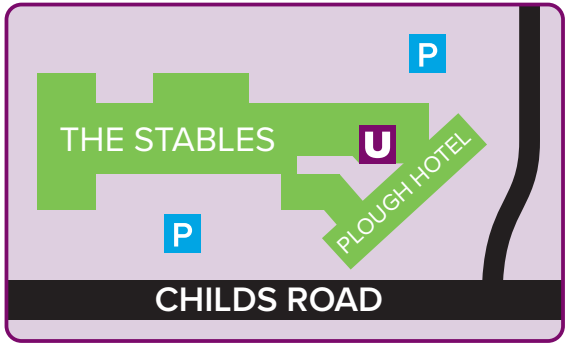

MILL PARK CLINIC

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Fax (03) 7045 1101

millpark@unitedradiology.com.au

X-RAYS BULK BILLED!

YOUR APPOINTMENT

When you make your appointment, ask the receptionist about possible preparation requirements.

Date: .....

Time: .....

Book Online or Visit Us:

Scan the QR code to book your radiology appointment online.

We also accept all referrals and welcome walk-in patients.