

# ALLIED HEALTH REFERRAL



## PATIENT DETAILS

Patient name:

Birth date:

Address:

Phone:

Medicare number:

WorkCover claim number:

## EXAMINATION REQUESTED

**Physiotherapists, Osteopaths & Chiropractors**  
Unlimited Referrals - no time restriction

- Hips - 57712
- Pelvis - 57715
- Cervical spine - 58100
- Thoracic spine - 58103
- Lumbar spine - 58106
- Sacrococcygeal spine - 58109
- 2 region spine - 58112

Allied Health practitioners cannot refer more than one of the above spinal services on the same day.

- Other MSK X-ray Please specify:
- MRI Please specify:
- Ultrasound Please specify:

**Physiotherapists & Osteopaths**  
Limited Referrals - only one of the following x-rays can be performed per calendar year

- 4 region spine - 58120
- 3 region spine - 58121

**Podiatrists**

- X-ray foot, ankle, leg or femur - 57521
- X-ray Foot and ankle, or ankle and leg, or leg and knee, or knee and femur (R) - 57527
- Ultrasound ankle or hind foot - 55888
- Ultrasound mid foot or fore foot - 55892
- Ultrasound cutaneous/subcutaneous mass - 55844

## CLINICAL DETAILS

**Pregnant**  No  Yes  Unsure

## REFERRING PRACTITIONER

Name:

Address:

Contact details:

Signature:

Provider number:

Date:

Send copy to: