

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:

Phone:

Fax:

Signature:

Provider number:

Date:

Send copy to:

Your doctor has recommended you attend Qscan Radiology Clinics. You may choose another provider but please discuss this with your doctor first. THANK YOU FOR CHOOSING QSCAN RADIOLOGY CLINICS.



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APPOINTMENT**