

X-RAY • CT SCAN • OPG • CBCT • ULTRASOUND • DEXA • PAIN RELIEF

REQUEST / REFERRAL

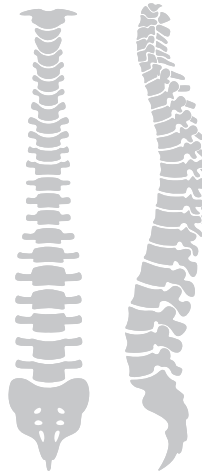
PATIENT DETAILS

 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:

DANDENONG

6 Clow Street, Dandenong VIC 3175
Ph (03) 8908 3022 • Fax 8908 3023
dandenong@unitedradiology.com.au
Mon-Fri: 8:30am - 5pm. Sat: 9am - 1pm

ESSENDON

1/5-7 Napier St, Essendon VIC 3040
Ph (03) 7044 2011 • Fax 7044 2014
essendon@unitedradiology.com.au
Mon-Friday: 9am - 5:30pm

LALOR

284 Station Street, Lalor VIC 3075
Ph (03) 7043 0077 • Fax 7043 0071
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MELTON

317 High Street, Melton VIC 3337
Ph (03) 8657 4911 • Fax 8657 4913
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Mon-Fri: 8:30am - 5pm. Sat: 9am - 2pm

MILL PARK

Shop 25, Stables Shopping Centre
360 Childs Road, Mill Park VIC 3082
Ph (03) 7045 1100 • Fax 7045 1101
millpark@unitedradiology.com.au
Mon-Fri: 9am - 5pm

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patients.



YOUR APPOINTMENT

TIME:

DATE:



	X-RAY	ULTRASOUND	COLOUR DOPPLER	ELASTOGRAPHY	CT SCAN	CALCIUM SCORING	INTERVENTIONAL PROCEDURES	DEXA	OPG / CBCT
DANDENONG	✓	✓	✓	✓	✓	✓	✓		
ESSENDON	✓	✓	✓	✓	✓	✓	✓		✓
LALOR	✓	✓	✓	✓	✓	✓	✓	✓	
MELTON	✓	✓	✓	✓	✓	✓	✓		
MILL PARK	✓	✓	✓	✓	✓	✓	✓		