

CHIROPRACTIC REQUEST

PATIENT DETAILS

Name*

Address*

Contact Number*

☐ Workers Comp

Medicare Number

☐ Third Party

EXAMINATION REQUESTED

☐ Cervical Spine: A.P

☐ Lumbar Spine: A.P (incl. Pelvis)

☐ Cervical Spine: A.P Open Mouth

☐ Lumbar Spine: A.P

☐ Cervical Spine: Oblique

☐ Lumbar Spine: Lateral (Neutral)

☐ Cervical Spine: Lateral (Neutral)

☐ Lumbar Spine: Lateral (Flex/Ext)

☐ Cervical Spine: Lateral (Flex/Ext)

☐ Thoracic : A.P

☐ Lumbar Spine: Oblique

☐ Thoracic : Lateral

☐ Pelvis: Pelvis

Non Referred / No Rebate Items

☐ X-Ray:

☐ Ultrasound:

☐ Other:

AREA TO BE EXAMINED
& CLINICAL NOTES

☐ Allergies

☐ Urgent Pregnant: ☐ YES ☐ NO

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name*

Speciality*

Address*

Provider Number*

Contact Number*

Fax Number:

*Must be completed

Signature*

Date*

All reports and images are available electronically. Please tick below for your additional requests.

☐ Referral Pads Required

REPORTS

☐ Urgent Results ☐ Fax ☐ Download ☐ Phone ☐ Film ☐ Copy reports to:

Disclaimer: Where deemed necessary for patient management please accept this request as a referral for consultation to investigate the patient's condition and history and form an opinion on the specific treatment required for the management of the condition or problem.

- ☐ **X-RAY/OPG:** No appointment or preparation required.
- ☐ **CT:** You will receive instructions before your appointment.
- ☐ **ULTRASOUND ABDOMEN:** Fast for 8 hours, nothing to eat, drink, chew or smoke prior to appointment. Small sips of water and medication allowed.
- ☐ **ULTRASOUND PELVIS/KUB & OBSTETRIC:** Must present with full bladder, we suggest drinking 1L of water to be completed 1 hour prior to appointment time. Further instructions to be provided.
- ☐ **MAMMOGRAPHY:** Do not wear perfume, deodorant or powder before your exam. A two-piece outfit is preferred, as you will need to remove everything from the waist up.
- ☐ **MRI:** As advised by booking clerk.

Appointment Date: _____ Appointment Time: _____

Preparation Notes: _____

Scan to request an appointment online

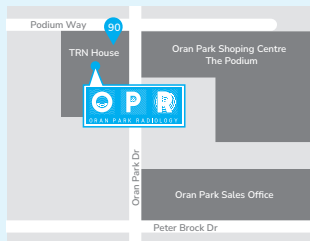


	X-Ray	Ultrasound	Bone Density Study (BMD)	Mammography	Dental/OPG	CT	MRI	CT Calcium Scoring & Cardiac Angiography	Interventional Radiology & Pain Management	Euflexxa Injections
Oran Park Radiology	■	■	■	■	■	■	■	■	■	■
Bankstown Lidcombe Medical Imaging	■	■	■	■	■	■	■	■	■	■
Shire Medical Imaging	■	■	■	■	■	■	■	■	■	■

Your doctor has recommended you use **Oran Park Radiology**.
You may choose another provider but please discuss this with your doctor first.

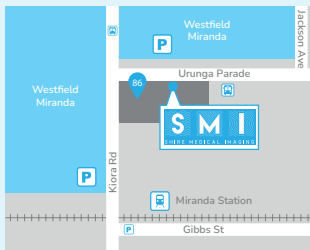
ORAN PARK RADIOLOGY

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Free 3 hour parking at Westfield Miranda

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