



Chiropractic Radiology Referral

Name: _____

Address: _____

DOB: _____ Gender: _____

Phone: _____ Medicare No: _____

PATIENT DETAILS

Medicare Eligible X-Ray Examinations

☐ Cervical Spine	☐ Lumbar Spine (inc Pelvis)	☐ Thoracic Spine
☐ AP	☐ AP	☐ AP
☐ AP Open Mouth	☐ Lateral Flexion/Extension	☐ Lateral
☐ Cervico-Thoracic Junction	☐ Lateral Neutral	☐ Hips
☐ Lateral Flexion/Extension	☐ Obliques	☐ Left
☐ Lateral Neutral	☐ Pelvis Only	☐ Right
☐ Obliques		☐ Bilateral

Non Medicare Eligible Exams

☐ MRI

☐ Ultrasound

Specify Region: _____

REQUEST

Clinical notes:

NOTES

Name: _____

Provider No: _____

CC: _____

Address: _____

☐ Urgent ☐ Ph: _____

☐ Allergies: _____

Signature

Date

REFERRING DOCTOR

Medical Imaging Final Check

MIT initials: _____

☐ 3 Patient identification check verified ☐ Correct side & site verified ☐ Procedure & consent verified ☐ Pregnancy excluded

Contact us

1300 697 226

scradiology.com.au



Please consider the environment
CHOOSE TO GO FILMLESS

All images are digitally stored for future
online access or printing if required

Excellence in Diagnostics

① How to book?



Follow 2 simple steps to get a call back

1. Scan the QR code
2. Upload a photo of referral front page.

Done! We will contact you shortly.

OR

1300 697 226

bookings@scradiology.com.au
scradiology.com.au/booking

Please send through your referral prior to making an appointment

② Your appointment

Date: _____ Preparation: _____

Appointment time: _____

Please arrive 15 minutes prior to your appointment time.

For preparation instructions please refer to scradiology.com.au

③ What's important?

General X-Ray | OPG No appointment needed. All Medicare eligible X-Rays are Bulk Billed.

Ultrasound | Nuclear Medicine | MRI | CT | PET-CT | Mammography | Bone Densitometry | Dental | Interventional Procedures Please make an appointment. Preparation may be required prior to examination. Fees may apply.

④ Where to go?



For more information
on our clinics,
scan the QR code