CHIROPRACTIC REQUEST

Shire Women's Imaging

SHIRE MEDICAL IMAGING

PATIENT DETAILS

Name*

Address*

Contact Number*

Medicare Number

☐ Workers Comp

☐ Third Party

EXAMINATION REQUESTED

☐ Cervical Spine: **A.P**

☐ Cervical Spine: **A.P Open Mouth**

☐ Cervical Spine: **Oblique**

☐ Cervical Spine: **Lateral (Neutral)**

☐ Cervical Spine: **Lateral (Flex/Ext)**

☐ Thoracic : **A.P**

☐ Thoracic : **Lateral**

☐ Lumbar Spine: **A.P (incl. Pelvis)**

☐ Lumbar Spine: **A.P**

☐ Lumbar Spine: **Lateral (Neutral)**

☐ Lumbar Spine: **Lateral (Flex/Ext)**

☐ Lumbar Spine: **Oblique**

☐ 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.

SHIRE MEDICAL IMAGING

Shire Women's Imaging

PATIENT PREPARATION

- [ ] **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
Shire Medical Imaging	■	■	■	■	■	■	■	■	■	■
Bankstown Lidcombe Medical Imaging	■	■		■	■	■	■	■	■	■
Oran Park Radiology	■	■	■	■	■	■	■	■	■	■

Your doctor has recommended you use ***Shire Medical Imaging.***

You may choose another provider but please discuss this with your doctor first.

SHIRE MEDICAL IMAGING

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SHIRE WOMEN'S IMAGING

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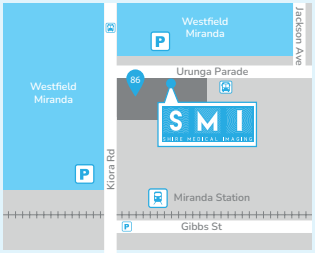
Fax: 02 9526 7229
Email: info@shirewomensimaging.com.au
www.shirewomensimaging.com.au



Free 3 hour parking at Westfield Miranda

BANKSTOWN LIDCOMBE MEDICAL IMAGING

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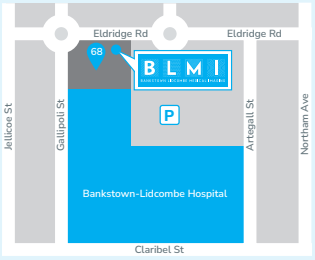

ORAN PARK RADIOLOGY

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