

IMAGING REQUEST - CHIROPRACTIC



Metro Radiology

Suite G7-12 Highpoint
240 Waterworks Road
ASHGROVE QLD 4060

1300 1 METRO

www.metroradiology.com.au

Patient name:..... DOB:...../...../.....

Address:.....

Suburb:..... Postcode:.....

Home phone:..... Mobile:.....

Radiologists: Dr Benjamin Ong | Dr Stanley Ngai | Dr Chris Yu

Examination Required:

- | | | | | | |
|--|-------------------------------|----------------------------------|------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> C Spine | <input type="checkbox"/> A.P. | <input type="checkbox"/> Lateral | <input type="checkbox"/> O/M | <input type="checkbox"/> Obliques | <input type="checkbox"/> Flex & Ext |
| <input type="checkbox"/> T Spine | <input type="checkbox"/> A.P. | <input type="checkbox"/> Lateral | | | |
| <input type="checkbox"/> L Spine (inc.pelvis) | <input type="checkbox"/> A.P. | <input type="checkbox"/> Lateral | | <input type="checkbox"/> Obliques | <input type="checkbox"/> Flex & Ext |
| <input type="checkbox"/> Full Spine (inc.pelvis) | <input type="checkbox"/> A.P. | <input type="checkbox"/> Lateral | | <input type="checkbox"/> Obliques | <input type="checkbox"/> Flex & Ext |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Left | <input type="checkbox"/> Right | | | |

Others (Please specify):.....

M.I.C.

(Medicare
Indicated
Criteria)

Ultrasound (Please specify):

Clinical Details:

Referred by:..... Date:...../...../.....

Copy to:.....

Signature:..... Provider number:.....

Report: with patient fax

Technologist use only

- Patient identification verified
- Procedure / consent verified
- Site / side verified
- Patient data /side markers

Technologist initials:.....

Your doctor has recommended that you use Metro Radiology.
You may choose another provider but please discuss this with your doctor.



EXAMINATION

- Computed Tomography (CT)
- General X-ray
- General Ultrasound
- Vascular Ultrasound
- Obstetric and Breast Ultrasound
- Cardiac Calcium Scoring
- CT Coronary Angiogram
- Nuclear Medicine
 - Bone Scan
 - Myocardial Perfusion
 - Others
- Interventional Radiology
- Bone Mineral Densitometry
- Dental Imaging

METRO RADIOLOGY

Suite G7-12 Highpoint
 240 Waterworks Road
 ASHGROVE QLD 4060
1300 1 METRO = 1300 163 876
Fax: 07 3366 4839
www.metroradiology.com.au

OPENING HOURS

Monday-Friday
 8.30am - 5.00pm
Saturday
 8.30am - 1.00pm

PATIENT PREPARATION

Check when booking your appointment as some examinations need special preparations.