

IMAGING REQUEST - PHYSIOTHERAPY



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:

C Spine A.P. Lateral O/M Obliques Flex & Ext

T Spine A.P. Lateral

L Spine (inc.pelvis) A.P. Lateral Obliques Flex & Ext

Full Spine (inc.pelvis) A.P. Lateral Obliques Flex & Ext

Others (Please specify):..... M.I.C.

Ultrasound (Please specify):
(Medicare Indicated Criteria)

Clinical Details:

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

Copy to:.....

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

Report: with patient fax

Technologist use only

Patient identification verified

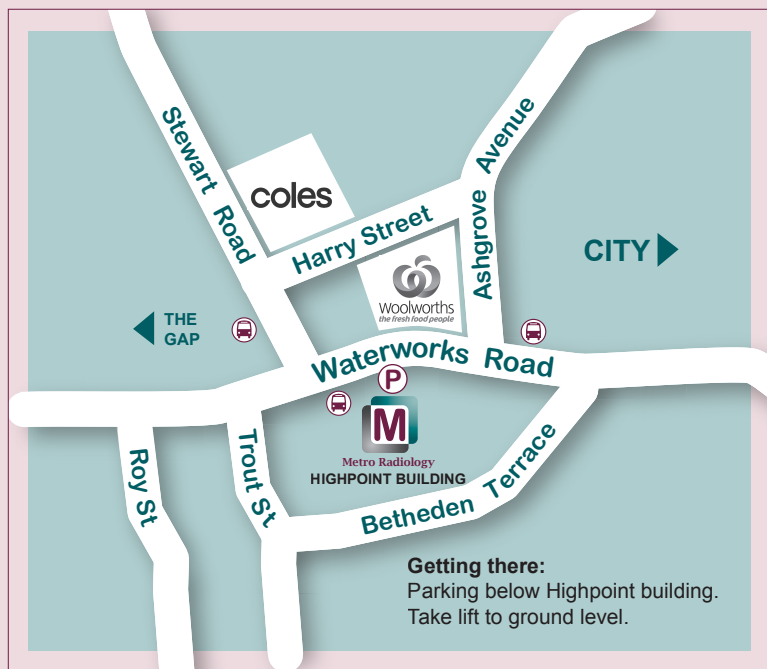
Procedure / consent verified

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

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Suite G7-12 Highpoint
 240 Waterworks Road
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1300 1 METRO = 1300 163 876
Fax: 07 3366 4839
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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.