



Chiropractic Radiology Referral

Name: _____

Address: _____

DOB: _____ Gender: _____ Phone: _____

Medicare No: _____ Do not send reports to My Health Record

PATIENT DETAILS

Medicare Eligible X-Ray Examinations (maximum of 2 regions)

Cervical Spine

AP

AP Open Mouth

Cervico-Thoracic Junction

Lateral Flexion/Extension

Lateral Neutral

Obliques

Lumbar Spine (inc Pelvis)

AP

Lateral Flexion/Extension

Lateral Neutral

Obliques

Pelvis Only

Thoracic Spine

AP

Lateral

Hips

Left

Right

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 822 741
cqradiology.com.au



Please consider the environment
CHOOSE TO GO FILMLESS All images are digitally stored for future online access or printing if required

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 822 741

bookings@cqradiology.com.au

cqradiology.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 cqradiology.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 | 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