

For appointments call

**07 5436 0888**

Please see over for clinic locations and contact information

PHYSIO | OSTEO

PATIENT

Patient Name

DOB

Address

Phone

Medicare/DVA No.

EXAMINATION

Medicare Eligible X-Ray Examinations

**CERVICAL SPINE**

AP

AP Open Mouth

Lateral Flexion/Extension

Lateral Neutral

Cervico-Thoracic Junction

Obliques

**THORACIC SPINE**

AP

Lateral

**HIPS**

Left

Right

Bilateral

**LUMBAR SPINE (INC PELVIS)**

AP

Lateral Flexion/Extension

Lateral Neutral

Obliques

**PELVIS ONLY**

Non-Medicare Eligible X-Ray Examinations

**ULTRASOUND**

**MRI**

Specify Region .....

PLEASE TICK FOR PRINTED FILMS

X-Ray & Imaging is committed to sustainability. All images are available digitally only unless requested.

**EXCLUDE**

**INVESTIGATE**

**MONITOR**

**CONFIRM**

CLINICAL DETAILS

**Referred By**

Contact Details

Provider Number

Signature ..... Date .....

REFERRER

OFFICE USE ONLY

3 Patient ID Check

Procedure & Consent

Site & Side

Pregnancy Excluded

Returning to Dr today

Initials .....

For appointments call **07 5436 0888** or visit [www.xrayimaging.com.au](http://www.xrayimaging.com.au)

Email referrals to [bookings@xrayimaging.com.au](mailto:bookings@xrayimaging.com.au)

LOCATION	ADDRESS	X-Ray	Ultrasound	MRI
Beerwah	72 Simpson St, Beerwah QLD 4519	✓	✓	
Caloundra	67 Bowman Rd, Caloundra QLD 4551	✓	✓	✓
Coolum	5 Birtwill St, Coolum Beach QLD 4573	✓	✓	
Cooroy	46 Maple St, Cooroy QLD 4563	✓	✓	
Kawana	3/7 Nicklin Way, Minyama QLD 4575	✓	✓	
Maroochydore	49 Baden Powell St, Maroochydore QLD 4558	✓	✓	✓