CitiScan Radiology

Locate CitiScan

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ALLIED HEALTH

PATIENT

Patient Name

Address

Contact Details

Date of Birth Medicare No

EXAMINATION

Examination Requested

Chiropractic (all examinations performed load bearing unless otherwise requested)

- ☐ Long Spine Film ☐ AP ☐ Lat
- ☐ C Spine ☐ AP ☐ AP Open Mouth ☐ Lat ☐ Oblique ☐ Flex / Ext
- ☐ T Spine ☐ AP ☐ Lat
- ☐ L/S Spine (inc Pelvis) ☐ AP ☐ Lat ☐ Oblique ☐ Flex / Ext

Podiatry (all examinations performed load bearing unless otherwise requested)

☐ Left ☐ Right ☐ Bilateral

X-Ray

- ☐ Foot ☐ AP ☐ Lat ☐ Oblique
- ☐ Ankle ☐ AP ☐ Lat ☐ Mortis
- ☐ Knee ☐ AP ☐ Lat ☐ Intercondylar
- ☐ Femur (AP and Lat) ☐ Tibia / Fibula (AP and Lat)

OFFICE USE ONLY

- TAKE ☐
- COLLECT ☐
- DELIVER ☐
- Name ☐
- DOB ☐
- Exam ☐
- Side ☐
- Initials

☐ **Ultrasound** ☐ **MRI**

Clinical Hx / Notes

REFERRER

Referred By

Name Provider No

Address

Signature Date

Report

- ☐ Fax
- ☐ Electronic Delivery

Images

- ☐ CD Only
- ☐ CD & Film

Request

- ☐ A5 referral pads
- ☐ PACS login

Electronic Download Available