

CHIROPRACTOR

Patient Details

Name _____ Phone _____

Address _____ DOB _____

_____ Sex _____

_____ Pregnant Y/N LNMP _____

Medicare Card _____

(Please Tick ✓) Private Concession DVA TAC Workcover

X-ray Re quest

Cervical Spine AP Flexion Extension
 Lateral

Thoracic Spine AP Flexion Extension
 Lateral

Lumbar Spine (including Pelvis) AP Flexion Extension
 Lateral

Clinical Details

Referrer Details

Name _____ Provider # _____

Address _____

Signature _____ Date _____

Contact RADIUS Imaging

T 03 5224 3000 info@radiusimaging.com.au
F 03 5224 3088 radiusimaging.com.au



Car Parking

Free on-site parking at all RADIUS Imaging locations.

Appointment Preparation

Please arrive 15 minutes prior to your appointment (or earlier if advised) to complete the pre-scan procedure.

Imaging Provider

Your doctor has recommended that you use RADIUS Imaging. You may choose another provider but please discuss this with your doctor first.

Location	MRI	CT	Ultrasound	X-Ray	OPG	Interventional
Waurm Ponds 158 Colac Rd 8.30am - 5.30pm (Mon-Fri) 9.00am - 1.00pm (Sat by appt)	•	•	•	•	•	•
Corio 7 Bacchus Marsh Rd 9:00am - 5:00pm (Mon-Fri)			•	•		
Drysdale Shop 4, 8 High St 9:00am - 5:00pm (Mon-Fri)	•	•	•	•	•	•
Lara 19-21 Station Lake Rd 9:00am - 5:00pm (Mon-Fri)		•	•	•	•	•
Ocean Grove 8-10 Coastal Boulevard 9:00am - 5:00pm (Mon-Fri)		•	•	•	•	
Torquay Suite 2, 136 Geelong Rd 9:00am - 5:00pm (Mon-Fri)	•	•	•	•		•

Services



MRI

+



CT Scan

+



Ultrasound

+



Digital
X-Ray

+



Dental
Imaging

+



Interventional
Procedures