



Canning Vale Radiology

We care for you beyond the images



08 6146 0800

Walk in OPG, X-Ray

ALLIED HEALTH REFERRAL FORM

PATIENT DETAILS

Name

D. O. B.

Gender

Contact No.

Medicare No.

Address

Examination Required

X-RAY

Cervical Spine

Lumbar Spine

Flexion/Extension

Flexion/Extension

Obliques

Obliques

Thoracic Spine

Pelvis/Hips

Full

Spine, Pelvis & Hips

Left Right

PODIATRY

Left

Right

X-Ray: Foot / Ankle/ knee

Ultrasound: Foot / Ankle /knee

Injections:

Corticosteroid

RFA ablation Morton's Neuroma

Non-rebatable Plasma rich protein

Autologous Blood injection

DENTAL

OPG

AP/ Lat Cephalogram

CT scan maxilla/ mandible

TM joints

Clinical History:

Doctors Name:

Provider Number:

Address:

Signature: _____

Date

Results: *All reports and images are available online.*

URGENT

Electronic Phone Fax CD

Your doctor has recommended that you use Canning Vale Radiology.
You may use another provider but please discuss with your doctor first.



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FAX: 08 6146 0899

canningvaleradiology.com.au

Appointment: _____

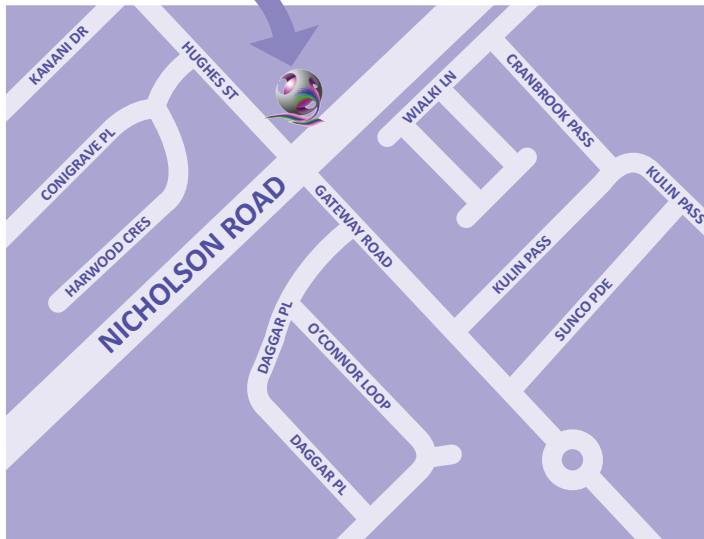
Date: _____ Time: _____

Preparation: _____ (please call to enquire)

Opening Hours: Monday: 8:30pm to 5:00pm
Tuesday: 8:30am to 5:00pm
Wednesday: 8:30am to **7:00pm**
Thursday: 8:30am to 5:00pm
Friday: 8:30am to 5:00pm

Email: enquiries@canningvaleradiology.com.au

You can find us here;



Unit 5, Hughes Street, Canning Vale, WA 6155