

RAD X

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New Town TAS 7008

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IMAGING REFERRAL

PATIENT DETAILS

NAME _____
DOB ____/____/____ MEDICARE NO _____
ADDRESS _____
PHONE _____

EXAMINATION REQUESTED

X-ray _____

CT _____

Ultrasound _____

MRI _____

Ultrasound Guided Injection _____

CT Guided Spine Injection _____

Platelet Rich Plasma Injection _____

CLINICAL NOTES

REFERRER DETAILS

NAME _____
ADDRESS _____
PHONE _____ PROVIDER NO _____
SIGNATURE _____ DATE ____/____/____
COPIES TO: _____



Book Online

PATIENT PARKING

Parking is available at the front of the practice. Please enter via New Town Road.

Level access is available via the carpark, ramp entry towards Clare Street

