

PATIENT DETAILS

Name* DOB*

Address*

Contact Number* ☐ Workers Comp

Medicare Number ☐ Third Party

EXAMINATION REQUESTED

FULL MEDICARE REBATE
Requested by Podiatrist

- ☐ X-Ray Foot L / R
- ☐ X-Ray Ankle L / R
- ☐ X-Ray Knee L / R
- ☐ X-Ray Lower Leg L / R
- ☐ US Mid/Forefoot L / R
- ☐ US Ankle/Hindfoot L / R
- ☐ US of Mass

FULL MEDICARE REBATE
Requested by Osteo & Physio

- ☐ X-Ray Cervical Spine
- ☐ X-Ray Thoracic Spine
- ☐ X-Ray Lumbar Spine
- ☐ X-Ray Sacrococcygeal
- ☐ X-Ray Hip
- ☐ X-Ray Pelvis

REDUCED MEDICARE REBATE
Requested by all Allied Health

☐ X-Ray Region (Other):

☐ Ultrasound Region:

☐ Other Examination:

AREA TO BE EXAMINED
& CLINICAL NOTES

☐ Allergies ☐ Urgent

For IV contrast exams, recent creatinine level / eGFR:

REFERRER DETAILS

Name* Specialty*

Address* Provider Number*

Contact Number* Fax Number:

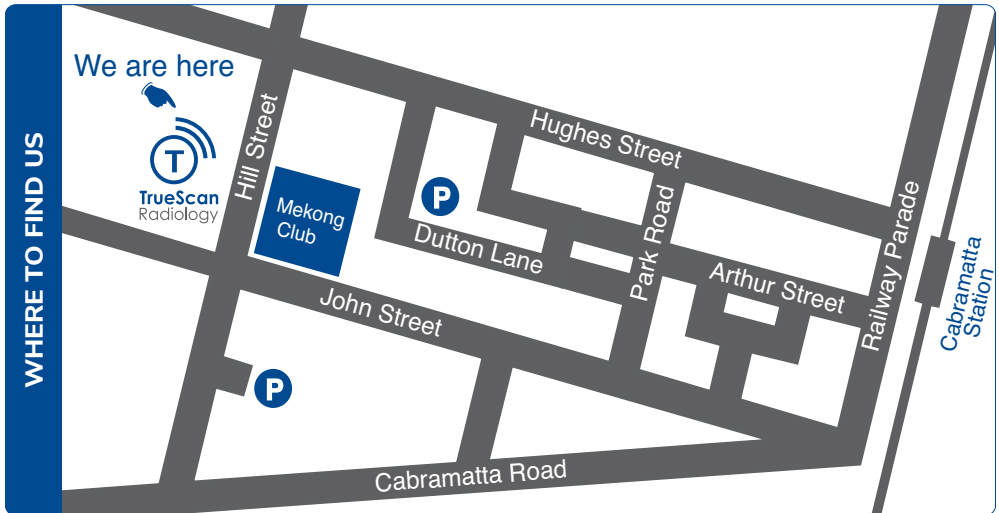
**Must be completed*

Signature* Date*

All reports and images are available electronically (via IntelRad and/or downloads).
Please tick below for your additional requests.

☐ Referral Pads Required

REPORTS ☐ Urgent Results ☐ Fax ☐ Download ☐ Phone ☐ Film ☐ Copy reports to:




WHERE TO FIND US

 59 Hill Street,
Cabramatta NSW 2166

 (02) 9726 2299

 (02) 9726 2399

 help@truescan.com.au

 Monday to Friday
8.00am - 5.30pm

Saturday
8.00am - 1.00pm

Closed Sundays and
public holidays

CONTACT DETAILS

- General X-Ray
- CT (low dose)
- Cone Beam CT
- Ultrasound
- 3D Mammography
- Interventional Procedures
- Dental
- Liver Elastography
- FNA & Core Biopsy
- Bone Mineral Density

OTHER SERVICES

Your doctor has recommended you use TrueScan Radiology. You may choose another provider but please discuss this with your doctor first.