

# ASPECT

RADIOLOGY

*Excellence in Medical Imaging*

Phone: 07 3568 4788

Fax: 07 3740 2340

Email: [admin@aspectradiology.com.au](mailto:admin@aspectradiology.com.au)

Patient name:

DOB:

Address:

Medicare #:

Phone / Mobile:

WorkCover Claim #:

**Examination Required:**

**Clinical Details:**

Contrast Allergy? No/Yes    eGFR \_\_\_\_\_    Pregnant? No/Yes

**Examination**

**(please Circle)**

- Ultra Low Dose CT
- CT Calcium Scoring
- Interventional Procedures and Injections
- MRI
- General X-ray
- BMD
- OPG
- **Ultrasound + Injection**
- General Ultrasound
- Vascular Ultrasound
- Obstetric Ultrasound
- Paediatric Imaging
- PAIN / NERVE Diagnosis
- WorkCover
- DVA
- Women's Imaging

Referred by:

Provider #:

Copy to:

Signature:

Date:

**Note: Report will be delivered electronically**

Your doctor has recommended that you use ASPECT Radiology.  
You may choose another provider but please ask your doctor first.

[www.aspectradiology.com.au](http://www.aspectradiology.com.au)

**Suite 26,  
Saigon Plaza Building  
37 Corsair Avenue  
Inala, QLD 4077**