



Date:			
Patient's Name:			
Date of Birth:		Sex: M F	
Address:			
Tel:		Mob:	
Medicare #		IRN#	
Is this your first chiropractic x-ray this calendar year? Y N			
<input type="radio"/> Pension	<input type="radio"/> DVA	<input type="radio"/> MVIC	<input type="radio"/> Wcomp
Females: Is there any chance you are pregnant? Y N <i>You must let us know before we start.</i>			
Parent: I give permission for my son/daughter to be x-rayed: _____			
Patient: I give consent to have my x-rays taken: _____			

Examination Required

- ☐ Chiropractic X-Ray
- ☐ Full spine erect series, pelvis hips
Includes 3 regions AP and Lat, pelvis and both hips
- ☐ C-spine (AP Lat Open Mouth)
Obliques / Flexion and extension
- ☐ T-spine (AP Lat)
- ☐ Lumbo-pelvic (AP Lat)
Obliques / Flexion and extension
- ☐ Sacrum
- ☐ Ribs (no rebate)
- ☐ Coccyx
- ☐ Extremities/Other (specify)
- ☐ Hips L R

- ☐ General X-Ray
Please advise region:

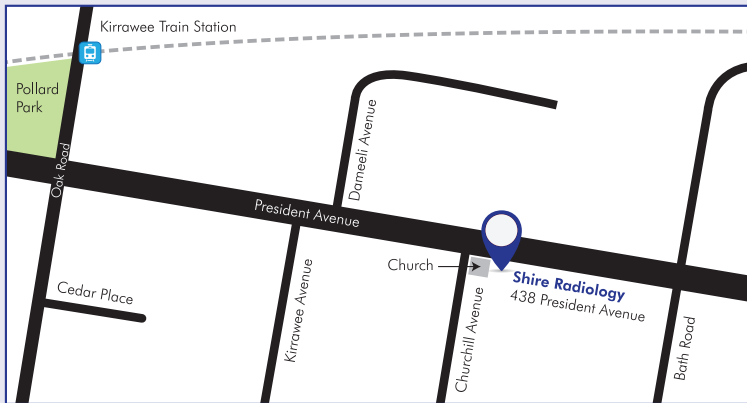
Clinical Indications:

Report Distribution

- ☐ Email it to me ☐ Fax it to my practice ☐ Patient to collect

Referrer Details (this section MUST be completed)

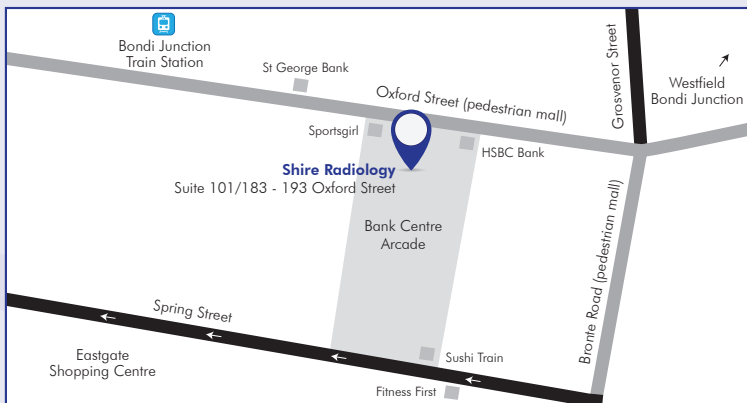
Referrer Name:	
Provider No:	Specialty:
Address:	
Phone:	Fax:
Signature:	Date:



KIRRAWEE - HEAD OFFICE

438 President Avenue, Kirrawee NSW 2232
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Parking on site or on church grounds next door.



BONDI JUNCTION

Suite 101/183 - 193 Oxford Street, Bondi Junction NSW 2022
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Parking is available at Eastgate Shopping Centre, Westfield Bondi Junction or Hollywood Avenue parking station.

Bondi Junction train station and bus interchange is approximately 60 meters away.