QUEENSLAND RADIOLOGY SPECIALISTS

Dr Patrick Bergin | Dr Carl Kua

Queensland Radiology Specialists
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PATIENT DETAILS

Name:

Address:

Phone: Mobile:

D.O.B: Medicare No.:

EXAMINATION REQUIRED

MRI
CT
CT Interventional
Ultrasound
US Injections
Biopsy FNA
X-ray
Mammography
BMD
Dental/OPG

REASON FOR INVESTIGATION

☐ CTCA ☐ Clinical Review

Films NB QRS do not print films routinely. If films are required please check box below and films will be given to patient at the time of imaging.

☐ Print film ☐ Do not send to My Health Record

REFERRING DOCTOR'S DETAILS

Doctor's Name:

Provider Number:

Address:

Signature: _____ Date: _____/____/____

Your Doctor has recommended that you use QRS. You may choose another provider but please discuss this with your Doctor first.

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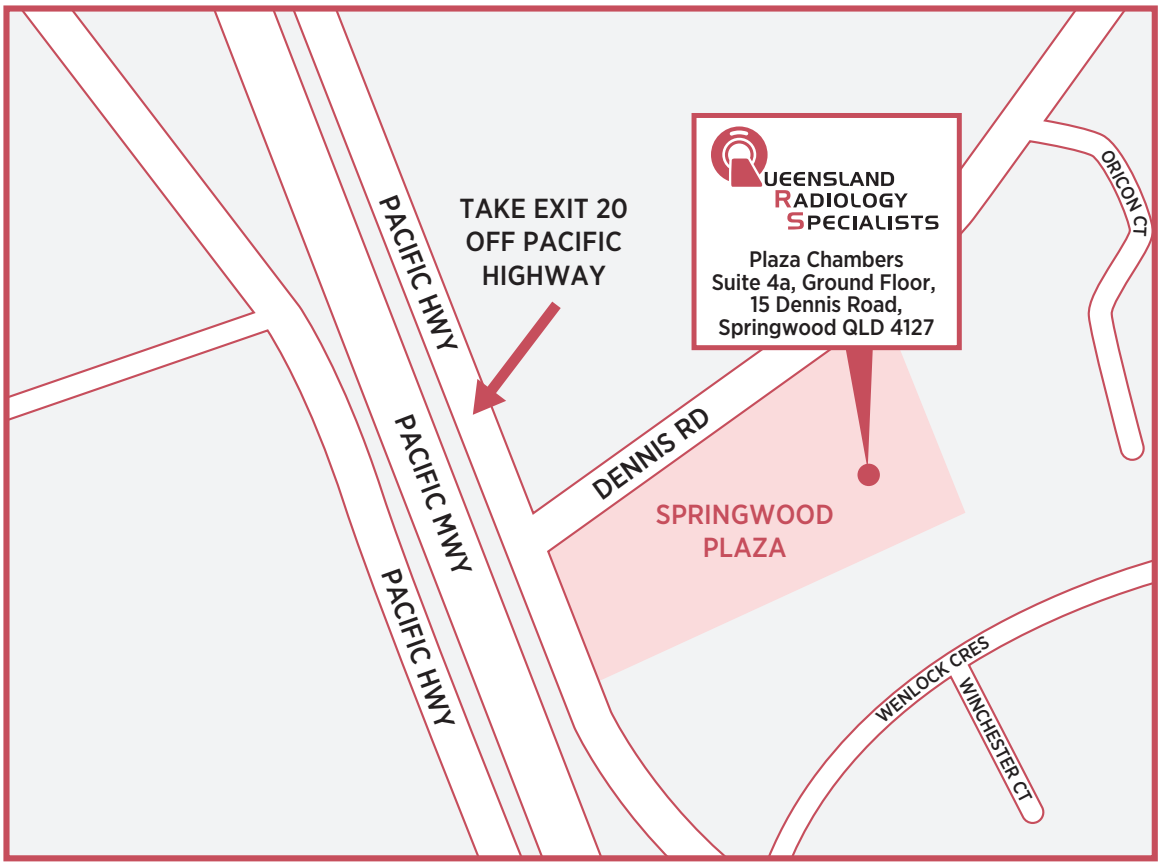

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