

RADIOLOGY REFERRAL

Patient Details

Name:

Date of Birth:

Address:

Phone:



ELITE
IMAGING GROUP.

190 Bolsover St,
Rockhampton City
Qld 4700

Examination

Large empty box for examination details.

Notes

Large empty box for notes.

Medicare Specific Clinical Indications

Please tick if applicable

Shoulder Ultrasound

- Evaluation of injury to tendon, muscle or muscle/tendon junction
- Rotator cuff tear/ calcification/tendinosis (biceps, subscapular, supraspinatus, infraspinatus); or biceps subluxation
- Capsulitis and bursitis
- Evaluation of mass including ganglion
- Occult fracture
- Acromioclavicular joint pathology

Knee Ultrasound

- Abnormality of tendons or bursae
- Meniscal cyst, popliteal fossa cyst, mass
- Nerve entrapment or tumour
- Injury of collateral ligaments

Medical Imaging

Final Check

- Procedure & consent verified
- Patient identification verified
- Correct side & site verified

MIT initials:.....

Referring Clinician

Name:

Provider Number:

Address:

Copy of Report to:

Signature

Date

Appointments

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