PROOF 7

bestscan

A Digital Referral Platform for
Specialist Radiology Scans

Bestscan Pty Ltd
ABN: 82684862020
Postal address only
227 Abbotsford Street
North Melbourne VIC 3051
Contact details
1300 865 288
referral@bestscan.com.au
www.bestscan.com.au

Radiology Referral / Request

Patient Details

Name:

Date of Birth:

Address:

Medicare #

Phone: (M)

(H):

Do you consent to upload this information to My Health Records: ☐ Yes ☐ No

Scan Requested

☐ MRI ☐ X-Ray ☐ Ultrasound ☐ CT ☐ CT Coronary Angiography

Report Priority

☐ Routine ☐ URGENT

Clinical Details

Alerts

Pregnant..... Y N
LNMP .....
MRI:
± X-Ray Orbits..... Y N
± Skull..... Y N
± CXR..... Y N
± AXR..... Y N
Pacemaker ..... Y N
Cochlear Implant..... Y N
Aneurysm Clip ..... Y N
Other .....

Referrer Details

Name:

Date:

Practice Name:

Provider #

Address:

Phone:

Fax:

Email:

Signature:

I authorise the consulting specialist, in exercising due care and skill, to conduct a patient consultation as deemed necessary.

Please Email this referral to referral@bestscan.com.au

Your doctor has requested you to use Bestscan. You may use another provider, but please consult with your doctor first.