

Patient Information Date _____

Name _____

DOB _____ Phone _____

Address _____

Medicare No: _____

Dr Angus Watts

MBBS; FRANZCR,
Diagnostic & Interventional
Radiologist,
Principal

**Leading Experience.
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Examination Requested

- X-Ray
- Ultrasound
- Low Dose CT
- 3T MRI
- EOS
- Imaging Guided Pain Management
- Biopsy
- CT Coronary Angiography
- CT Calcium Score
- Echocardiography
- OPG-Cephalometry
- CT Dentascan
- Bone Densitometry
- Body Composition Scan
- Spectral CT - Gout
- Prostate mpMRI
- MRI Discography
- Work Cover

Clinical Details

Referring Practitioner

Name _____

Address _____

Phone _____

Provider number _____

Signature _____ Date _____

Do Not Send To My Health Record

**Spine, Joint &
Interventional Specialists**

- Allergies
- Anticoagulant Medication
- Pregnancy
- Renal Impairment
If 'YES' - GFR []

Thank you for referring your patient to
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Clinic Location: 117 Ashmore Rd, Benowa
Between AMart & Benowa Medical Hub



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