Keperra
Diagnostic Imaging

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Patient Details

Name

Address

Phone No. Date of Birth

- ☐ X-Ray
- ☐ CT Scan
- ☐ BMD
- ☐ OPG
- ☐ CT Dentascan
- ☐ Echocardiography
- ☐ General Ultrasound
- ☐ Vascular Ultrasound
- ☐ Obstetric Ultrasound
- ☐ MSK Ultrasound
- ☐ FNA/Biopsy
- ☐ Injection

Region of Interest

Clinical Details

☐ Exclude ☐ Investigate ☐ Monitor ☐ Confirm

Referred By

Contact Details

Provider Number

Signature

Date

Office Use Only
Name: ☐
DOB: ☐
Exam: ☐
Side: ☐
Initial:

CT
BMD
X-Ray
OPG/LC
Ultrasound

☐ Do not send reports to My Health Record

Your doctor has requested that you use Keperra Diagnostic Imaging.
You may choose another provider but please discuss this with your doctor.