Request form / Referral

QueenslandXRay
Brisbane and Gold Coast

Patient Details

Date: _____ DOB: _____ Medicare No: _____

Name: _____

Address: _____ Phone: _____

Diagnostic Request. Reason for referral and clinical history.

GP Medicare rebateable studies are below. Please tick which items apply. (3 services per 12 months)**

MRI Person OVER 16

Head - 63551**
- ☐ Unexplained seizure
- ☐ Unexplained chronic headache

Spine - 63554**
- ☐ ? cervical radiculopathy

Spine - 63557**
- ☐ ? cervical spine trauma

Knee inability to extend after acute trauma - 63560 (50 years and over not eligible)**
- ☐ ? ACL tear   ☐ ? Meniscal tear

MRI Person UNDER 16

Head - 63507**
- ☐ Unexplained seizure
- ☐ Unexplained headache with pathology
- ☐ Paranasal sinus pathology unresponsive to therapy

Spine following prior radiology - 63510**
- ☐ ? significant trauma
- ☐ ? unexplained neck/back pain with neurological signs
- ☐ ? unexplained back pain with significant pathology

Hip following prior radiology - 63516
- ☐ ? septic arthritis   ☐ ? Perthes disease
- ☐ ? slipped capital femoral epiphysis

Elbow following prior radiology - 63519
- ☐ ? fracture or avulsion

Wrist following prior radiology - 63522
- ☐ ? scaphoid fracture

Knee - 63513**
- ☐ ? internal derangement

Ultrasound Shoulder - 55864
- ☐ ? bicep subluxation
- ☐ ? capsulitis / bursitis
- ☐ ? ganglion occult fracture
- ☐ ? acromioclavicular joint pathology
- ☐ ? injury to tendon, muscle or tendon/muscle junction incl tears
- ☐ ? rotator cuff tears/calcification/tendinosis of bicep subscapular supraspinatus or infraspinatus

Ultrasound Knee - 55880
- ☐ ? abnormality tendon/ bursae   ☐ collateral ligament injury
- ☐ ? meniscal / popliteal fossa cysts/ mass/pseudomass
- ☐ Nerve entrapment, nerve or nerve sheath tumour

BMD - subject to Medicare criteria

12321	☐ 12 mths+ since prior BMD. 12 mths since significant change in therapy		
12320	☐ First BMD, age 70+	☐ 5 years since prior BMD, age 70 years+ with no to mild osteopenia (T-score 0 to -1.5) on prior BMD	
12312	☐ 12 mths+ since prior BMD (please also tick description)	☐ Male hypogonadism ☐ Prolonged glucorticoid therapy (as per MBS)	☐ Female hypogonadism > 6mths before age 45 ☐ Conditions associated with excess glucocorticoid secretion
12306	☐ 24 mths+ since prior BMD (please also tick description)	☐ 1 or more fractures after minimal trauma ☐ Monitoring osteoporosis proven by prior BMD	☐ Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower
12315	☐ 24 mths+ since prior BMD (please also tick description)	☐ Primary hyperparathyroidism ☐ Conditions associated with thyroxine excess	☐ Proven malabsorptive disorders (Crohns, Coeliac) ☐ Rheumatoid arthritis ☐ Chronic liver / renal disease
12322	☐ 24 mths+ since prior BMD. Age 70+ and has moderate to marked osteopenia (T–score -1.5 to -2.5) on prior scan.		

Myocardial Perfusion Studies (Nuclear Medicine) - 24 mths+ since prior MPS, age 17+

61329 ☐ The patient has symptoms of cardiac ischaemia; and one of the following applies:
- ☐ Stress echo unlikely to be adequate due to a) body habitus, including obesity, b) arrhythmia, including atrial fibrillation
- ☐ Unable to exercise to the extent required for a stress echo to provide adequate information
- ☐ Failed previous stress echo (in last 24 months)

☐ **Breast Diagnostic Assessment** - may include mammogram, ultrasound, biopsy.
- ☐ Previous breast cancer
- ☐ Significant family history of breast or ovarian cancer
- ☐ Symptoms or indications of breast disease found on examination of the patient by a medical practitioner (indicate area on a diagram)

Right   Left

Referring Practitioner's Details
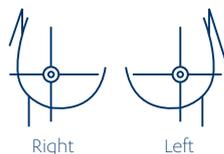
Practitioner's Name: _____

Address: _____

Date: _____

Signature: _____

Copy to: _____

Thank you for referring your patient to Queensland X-ray.

qldxray.com.au

QueenslandXRay

My Appointment

Date:

Time:

Location:

Other:

For more information about your examination please visit qldxray.com.au

HOSPITAL PRACTICES

Practice	Phone / Fax	Open Weekends	EOS Imaging	X-Ray	OPG & Lateral Cephalometry	Fluoroscopy	Angiography	CT Scan	Ultrasound	Echocardiography	Nuchal Translucency	Mammography	Nuclear Medicine	Bone Densitometry	PET/CT	MRI
GREENSLOPES PRIVATE HOSPITAL — Lower Lobby Level, Newdegate Street, Greenslopes	Ph: 3421 0444 Fax: 3847 4455	Sat		•	•	•	•	•	•			3D	•	•		•
MATER PRIVATE HOSPITAL BRISBANE — Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane	Ph: 3840 6200 Fax: 3212 9078	Sat & Sun		•	•	•	•	•	•					•		•
MATER HOSPITAL BRISBANE — LEVEL 4, 32 Raymond Terrace, South Brisbane	Ph: 3212 9000 Fax: 3163 1850			•		•	•	•								•
MATER PRIVATE HOSPITAL SPRINGFIELD — Level 2, 30 Health Care Drive, Springfield	Ph: 3470 3000 Fax: 3470 3030	Sat AM		•	•	•	•	•	•		•	3D				•
QUEEN ELIZABETH II JUBILEE HOSPITAL — Kessels Road, Coopers Plains	Ph: 3712 2500 Fax: 3875 2866			•	•	•	•	•	•							•
SUNNYBANK PRIVATE HOSPITAL — Level 1, 245 McCullough Street, Sunnybank	Ph: 3347 2700 Fax: 3344 4987	Sat AM		•	•	•	•	•	•					•		•

WOMEN'S CENTRES

Practice	Phone / Fax	Open Weekends	EOS Imaging	X-Ray	OPG & Lateral Cephalometry	Fluoroscopy	Angiography	CT Scan	Ultrasound	Echocardiography	Nuchal Translucency	Mammography	Nuclear Medicine	Bone Densitometry	PET/CT	MRI
MATER WOMEN'S IMAGING CENTRE — Level 6, Mater Private Clinic, 550 Stanley Street, South Brisbane	Ph: 3840 6208 Fax: 3844 4277								•		•	3D		•		
ST VINCENT'S BRISBANE WOMEN'S IMAGING CENTRE — Ground Floor, 411 Main Street, Kangaroo Point	Ph: 3227 0000 Fax: 3392 1769			•		•			•			3D				
SUNNYBANK WOMEN'S IMAGING CENTRE — Suite 15, McCullough Centre 259 McCullough Street, Sunnybank	Ph: 3347 2755 Fax: 3345 2635								•		•	3D		•		

PET/CT CENTRES

Practice	Phone / Fax	Open Weekends	EOS Imaging	X-Ray	OPG & Lateral Cephalometry	Fluoroscopy	Angiography	CT Scan	Ultrasound	Echocardiography	Nuchal Translucency	Mammography	Nuclear Medicine	Bone Densitometry	PET/CT	MRI
PET/CT CENTRE GREENSLOPES — Greenslopes Private Hospital, Lower Ground Level, Newdegate Street, Greenslopes	Ph: 3727 7320 Fax: 3727 7333														•	
PET/CT CENTRE MATER BRISBANE — Level 3, Mater Private Medical Ctre, 293 Vulture Street, South Brisbane	Ph: 3840 6200 Fax: 3844 6203														•	

COMMUNITY PRACTICES

Practice	Phone / Fax	Open Weekends	EOS Imaging	X-Ray	OPG & Lateral Cephalometry	Fluoroscopy	Angiography	CT Scan	Ultrasound	Echocardiography	Nuchal Translucency	Mammography	Nuclear Medicine	Bone Densitometry	PET/CT	MRI
BAYSIDE (OPPOSITE REDLAND HOSPITAL) — Medical Hub, 16 Weippin Street, Cleveland	Ph: 3488 5600 Fax: 3286 1768	Sat AM		•				•	•		•	3D		•		•
BEENLEIGH — 105 City Road, Beenleigh	Ph: 3382 4944 Fax: 3287 4831	Sat AM		•	•	•		•	•					•		•
BOWEN HILLS — 16 Thompson Street, Bowen Hills	Ph: 3024 4600 Fax: 3024 4666	Sat AM	•	•				•	•					•		•
BROWNS PLAINS — 14 Grand Plaza Drive , Browns Plains	Ph: 3802 7605 Fax: 3809 2809	Sat AM		•	•				•							
CAPALABA — Rickey St, Capalaba	Ph: 3906 4700 Fax: 3823 4302			•	•			•	•	•						
CLEVELAND — 43 Wynyard Street, Cleveland	Ph: 3826 6700 Fax: 3286 4057			•	•			•	•					•		
COORPAROO — 342 Old Cleveland Road, Coorparoo	Ph: 3456 3100 Fax: 3397 1120	Sat AM	•	•	•	•		•	•					•		•
LOGANHOLME — 62 Bryants Road, Loganholme	Ph: 3380 7599 Fax: 3801 4843			•	•			•	•							
LOGAN CENTRAL — Cnr Wembley & Kingston Roads (Service Road), Logan Central	Ph: 3387 4888 Fax: 3290 5655	Sat AM		•	•			•	•		•					•
LOGAN ROAD (GREENSLOPES) — 589 Logan Road, Greenslopes	Ph: 3394 5800 Fax: 3847 9609			•	•			•	•		•					
MOUNT GRAVATT NEW LOCATION — 1437 Logan Road (access via Gowrie Street), Mount Gravatt	Ph: 3347 0400 Fax: 3347 0401			•									•		•	•
SUNNYBANK MARKET SQUARE (昆士蘭X光 MARKET SQUARE) — Ground Floor, 309 Mains Road (cnr Elva Street), Sunnybank	Ph: 3722 8300 Fax: 3344 5287			•	•			•	•							
TARINGA — Westside Private Hospital, Ground Floor, 32 Morrow Street, Taringa	Ph: 3721 5300 Fax: 3721 5333	Sat AM	•	•				•	•		•	3D				
WYNNUM — 101 Clara Street, Wynnum	Ph: 3900 4300 Fax: 3348 7466	Sat AM		•	•			•	•	•	•	3D				

GOLD COAST PRACTICES

Practice	Phone / Fax	Open Weekends	EOS Imaging	X-Ray	OPG & Lateral Cephalometry	Fluoroscopy	Angiography	CT Scan	Ultrasound	Echocardiography	Nuchal Translucency	Mammography	Nuclear Medicine	Bone Densitometry	PET/CT	MRI
GOLD COAST PRIVATE HOSPITAL — Ground Floor, 14 Hill Street, Southport	Ph: 5552 5700 Fax: 5563 3403	Sat & Sun		•		•		•	•		•	3D				
HELENSVALE — GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale	Ph: 5563 5200 Fax: 5510 9096			•				•	•							
SOUTHPORT — Queen Street Village, Ground Floor, 127 Queen Street, Southport	Ph: 5581 0900 Fax: 5532 3983			•				•	•							
AIRPORT CENTRAL — Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga	Ph: 5513 3700 Fax: 5513 3777			•				•	•			3D		•		•

Access your images and results online.
For more information, please visit https://www.qldxray.com.au/patients/online-access-patient-portal

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