

**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.

**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) (\*\*3 services per 12 months)**

- ? 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 glucocorticoid 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.

- Breast Diagnostic Assessment** - may include mammogram, ultrasound, biopsy.
- Breast US only**  **Mammography only**

Please indicate area of suspicion on diagram



**Referring Practitioner's Details**

Practitioner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Copy to: \_\_\_\_\_

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

**Queensland X-ray Internal Use Only**

Medical Imaging Final Check	Yes	No
Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Front Office Check	<input type="checkbox"/>	<input type="checkbox"/>
Patient Identification verified	<input type="checkbox"/>	<input type="checkbox"/>
Procedure and consent verified	<input type="checkbox"/>	<input type="checkbox"/>
Correct side and site verified	<input type="checkbox"/>	<input type="checkbox"/>
Correct patient data and side markers	Tech initials: _____	
	Team leader signature: _____	

**For all appointments and enquiries:**

Phone: 1300 183 988

Fax: 07 5581 0922

Email: [gcbookings@qldxray.com.au](mailto:gcbookings@qldxray.com.au)

**My Appointment**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Other: \_\_\_\_\_

For more information about your examination please visit [qldxray.com.au](http://qldxray.com.au)

OPEN WEEKENDS	X-RAY	DENTAL IMAGING	FLUOROSCOPY	ANGIOGRAPHY	CT SCAN	INTERVENTIONAL CT	ULTRASOUND	INTERVENTIONAL ULTRASOUND	CARDIAC CT	ECHOCARDIOGRAPHY	PREGNANCY IMAGING	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI
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**GOLD COAST PRIVATE HOSPITAL**

Ground Floor, 14 Hill Street, Southport  
Ph: 5552 5700 Email: [bookings.gcp@qldxray.com.au](mailto:bookings.gcp@qldxray.com.au)

**HELENSVALE**

GC North Medical Hub - Homeworld Helensvale,  
502 Hope Island Road, Helensvale  
Ph: 5563 5200 Email: [helensvale@qldxray.com.au](mailto:helensvale@qldxray.com.au)

**SOUTHPORT**

Queen Street Village, Ground Floor, 127 Queen Street, Southport  
Ph: 5581 0900 Email: [southport@qldxray.com.au](mailto:southport@qldxray.com.au)

**AIRPORT CENTRAL**

Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga  
Ph: 5513 3700 Email: [gcairport@qldxray.com.au](mailto:gcairport@qldxray.com.au)

**For bookings and appointments**

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Email: [gcbookings@qldxray.com.au](mailto:gcbookings@qldxray.com.au)

Sat & Sun	•		•	•	•	•	•	•	•		•	3D	•		•
N/A	•	•			•	•	•	•			•				•
N/A	•	•			•	•	•	•		•	•			•	•
N/A	•	•			•	•	•	•	•		•	3D		•	•

Access your images and results online. Let our friendly reception staff know you'd like to register for the Patient Portal. For more information, please visit [qldxray.com.au/patients/results-portal/](http://qldxray.com.au/patients/results-portal/)

DOWNLOAD THE QXR PATIENT APP



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Please ask our team about our concessions for health care and pensioner concession card holders.

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Your doctor has recommended you use Queensland X-Ray. You may choose another provider but please discuss this with your doctor first.

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