

Patient Details

Date: _____ DOB: _____ Medicare No: _____
 Name: _____
 Address: _____ Phone: _____

For all appointments

Ph: 4965 6200
 Fax: 4942 7506
 Email: mackay@qldxray.com.au

Diagnostic Request

Reason for referral and clinical history

GP Medicare rebateable studies and guided injection options below. For BMD criteria see over page. 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

Image Guided Injections - please tick options below. The Radiologist will determine the best modality to use based on the clinical indication.

Facets, side Left Right

Levels _____

Nerve roots, side Left Right

Levels _____

Epidural steroid injection

Level _____

Elbow, side Left Right

Common extensor origin Elbow joint

Olecranon bursa Other _____

Wrist, side Left Right

Carpal tunnel Scapholunate joint

APL/EPB (De Quervain's) Other _____

Shoulder, side Left Right

Bursa Glenohumeral joint

Acromioclavicular joint

Knee, side Left Right

Joint Other _____

Hip, side Left Right

Trochanteric bursa Hip joint

Other _____

Ankle/foot, side Left Right

Talocrural joint Subtalar joint

Morton's neuroma Plantar fascia

Achilles

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

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: _____

BMD - subject to Medicare criteria (Please tick box below)

- 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 Female hypogonadism > 6mths before age 45
- Prolonged glucocorticoid therapy (as per MBS) Conditions associated with excess glucocorticoid secretion
- 12306** 24 mths+ since prior BMD (please also tick description) 1 or more fractures after minimal trauma Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower
- Monitoring osteoporosis proven by prior BMD
- 12315** 24 mths+ since prior BMD (please also tick description) Primary hyperparathyroidism Proven malabsorptive disorders (Crohns, Coeliac)
- Conditions associated with thyroxine excess 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.

HOSPITAL PRACTICE

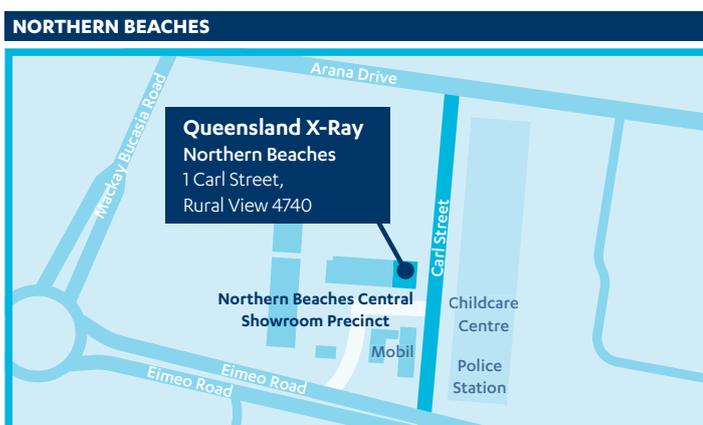
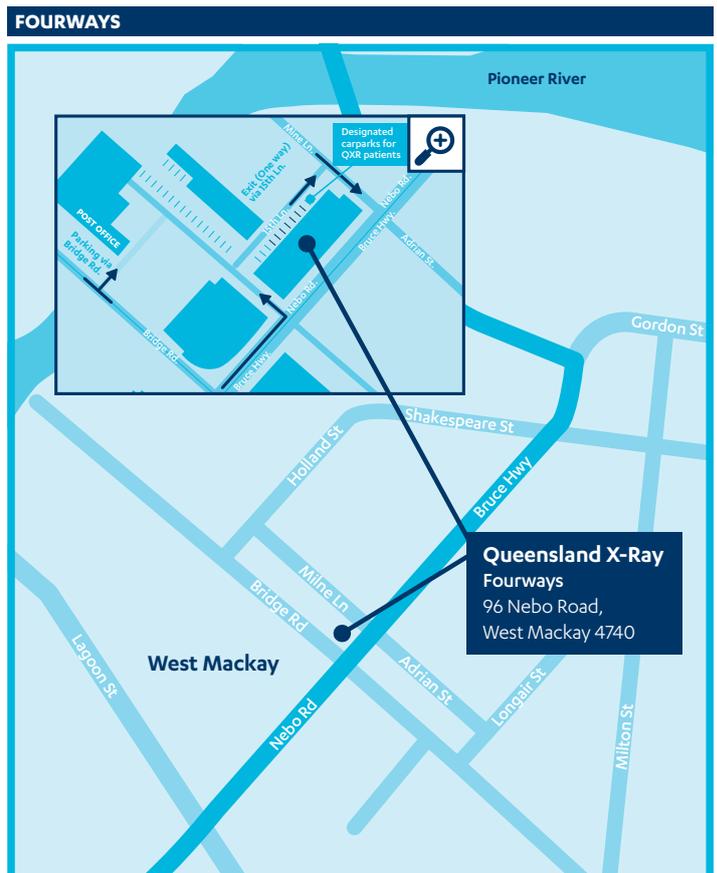
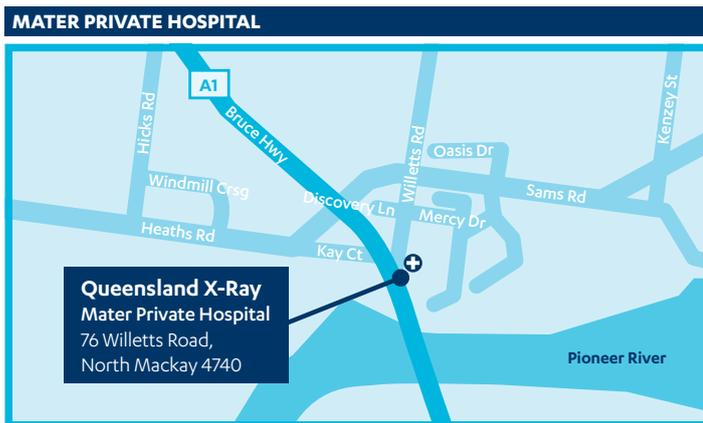
MATER PRIVATE HOSPITAL **Ph: 4965 6200**
76 Willetts Road, North Mackay **Fax: 4942 7506**

COMMUNITY PRACTICES

FOURWAYS **Ph: 4965 6200**
96 Nebo Road, West Mackay **Fax: 4942 7506**

NORTHERN BEACHES **Ph: 4965 6200**
1 Carl Street, Rural View **Fax: 4942 7506**

	CONE BEAM	PLAIN X-RAY	EOS IMAGING	OPG	FLUOROSCOPY	CT SCAN	ULTRASOUND	DUPLIX ULTRASOUND	NUCHAL TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI
MATER PRIVATE HOSPITAL		•		•	•	•	•	•	•	3D	•		•
FOURWAYS	•	•	•	•		•	•						•
NORTHERN BEACHES		•				•	•						•



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/

DOWNLOAD THE QXR PATIENT APP

Queensland X-Ray stores your images for FIVE years. Visit us for all your medical imaging and create a complete and highly secure five-year electronic radiology record which your doctor can access 24/7.

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