

Patient Details

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

For all appointments
Ph: 4046 7800
Fax: 4051 3028
Email: cairns@qldxray.com.au
Book Online: www.qldxray.com.au
Phones open: 7am-9pm Mon to Fri
8am-4pm Sat & Sun

Diagnostic Request. Reason for referral and clinical history. (X-Ray, CT, US, Nuclear Medicine Bulk Billed)*

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 _____

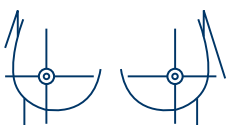
Ankle/foot, side Left Right

- Talocrural joint
- Subtalar joint
- Morton's neuroma
- Plantar fascia
- Achilles

Ultrasound Shoulder - 55864

- ? capsulitis / bursitis
- ? acromioclavicular joint pathology
- ? injury to tendon, muscle or tendon/muscle junction incl tears
- ? rotator cuff tears/calcification/tendinosis of bicep subscapular supraspinatus or infraspinatus

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



Please indicate area of suspicion on diagram

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)

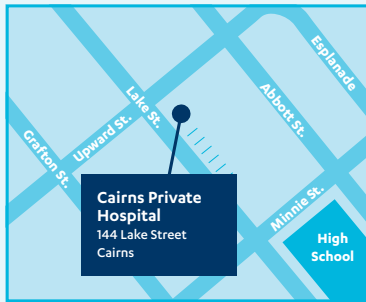
12321	<input type="checkbox"/> 12 mths+ since prior BMD. 12 mths since significant change in therapy		
12320	<input type="checkbox"/> First BMD, age 70+	<input type="checkbox"/> 5 years since prior BMD, age 70 years+ with no to mild osteopenia (T-score 0 to -1.5) on prior BMD	
12312	<input type="checkbox"/>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

QUEENSLAND X-RAY LOCATIONS

For all appointments

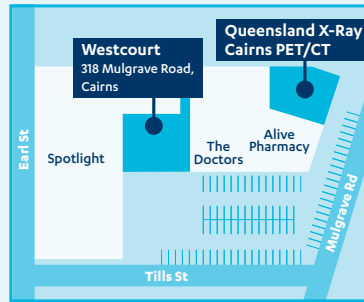
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CAIRNS PRIVATE HOSPITAL

Level 3, 144 Lake Street
 Cairns
New additional free parking is now available on Lake Street, next to Cairns Baptist Church



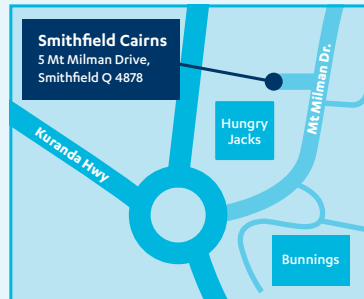
WESTCOURT AND PET/CT CENTRE

318 Mulgrave Road
 Cairns



LAKE STREET

189 Lake Street
 Cairns



SMITHFIELD CAIRNS

5 Mt Milman Drive
 Smithfield

ONSITE PARKING AT ALL LOCATIONS.

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

* When Medicare eligible

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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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