

# Request form / Referral

## For Industry Imaging



### Patient Details

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Medicare No (optional): \_\_\_\_\_ Lungscreen ID (if applicable): \_\_\_\_\_

Purchase Order (if applicable): \_\_\_\_\_ Workcover Claim No (if applicable): \_\_\_\_\_

### Diagnostic Request

INDUSTRY OR MINE TYPE: \_\_\_\_\_

#### MINERAL MINE & QUARRY WORKERS:

- ☐ **Chest X-Ray (CHESTMMQ):** Lung Assessment  
2 Reads & Adjudication - NIOSH B Read (ILO)  
(Qld workers only)

#### COAL WORKERS:

- ☐ **Chest X-Ray (CHESTLS):** Lung Assessment  
QXR to perform standard clinical read  
Lungscreen to perform 2 Reads & Adjudication  
(Qld workers only)

#### OTHER INDUSTRY WORKERS:

- ☐ **Chest X-Ray (CHESTIND):** Pre Employment  
Standard Clinical Read
- ☐ **Chest X-Ray (CHESTM1):** Standard ILO  
for dust exposure
- ☐ **Chest X-Ray (CHESTIND):** Periodical Medical  
Standard Clinical Read
- ☐ **Chest X-Ray (CHESTBR2):** NIOSH B Read (ILO) - Standard 2 Reads & Adjudication

#### HRCT CHEST (HRCHEST): LUNG ASSESSMENT

- ☐ **Mineral Mine & Quarry Worker** - Follow up suspected silicosis/other respiratory disease from dust exposure
- ☐ **Coal Mine Worker** - Follow up suspected pneumoconiosis/other respiratory disease from dust exposure
- ☐ **Other Industry Worker** - Follow up of suspected respiratory disease from work related dust exposure

### Reason for referral and clinical history

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### Referring Practitioner Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Provider Number: \_\_\_\_\_

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

Copy to: \_\_\_\_\_

### Please send invoice to:

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#### Patient Consent - Should Images be required to be sent to Lungscreen:

I understand that Queensland X-Ray will provide my chest x-ray image to Lungscreen Australia for the purpose of performing the 2nd Read to the International Labour Organisation of Radiographs of Pneumoconiosis (ILO Classification). I give consent for Queensland X-Ray to send my chest x-ray image to Lungscreen Australia for the purpose of providing an ILO Classification.

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

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

### NO APPOINTMENT REQUIRED FOR CHEST X-RAY

For HRCT Booking please call or email:

**Cairns** 4046 7800  
cairns@qldxray.com.au  
**Townsville** 4759 2800  
townsville@qldxray.com.au  
**Mackay** 4965 6200  
mackay@qldxray.com.au  
**Toowoomba** 1300 770 151  
toowoomba@qldxray.com.au  
**Gold Coast** 1300 183 988  
gcbookings@qldxray.com.au  
**Brisbane** 1300 781 926  
bookings@qldxray.com.au  
or visit our website [qldxray.com.au](http://qldxray.com.au)

# NO APPOINTMENT REQUIRED FOR CHEST X-RAY

My Appointment

Date:

Time:

Location:

Other:

For HRCT Booking please call or email your nearest practice below:

**CAIRNS PRACTICES**
**LAKE STREET**

189 Lake Street, Cairns

**SMITHFIELD CAIRNS**

5 Mt Milman Drive, Smithfield

**WESTCOURT**

318 Mulgrave Road, Cairns

**TOWNSVILLE PRACTICES**
**MATER PRIVATE HOSPITAL – PIMLICO**

Mercy Centre, 25 Fulham Road (Via Diprose St), Pimlico

**MATER PRIVATE HOSPITAL – HYDE PARK**

Ground Floor, 9-13 Bayswater Road, Hyde Park

**DOMAIN CENTRAL**

Shop 21A Building I, Domain Central, 103 Duckworth Street, Garbutt

**DOUGLAS – DISCOVERY RISE**

Ground Floor, Clinical Practice Building, James Cook Drive, Douglas

**FAIRFIELD CENTRAL**

Shop 9, 1 Darcy Drive, Idalia

**NORTH SHORE**

7/50 North Shore Boulevard, Burdell

**MACKAY PRACTICES**
**FOURWAYS**

96 Nebo Road, West Mackay

**MATER PRIVATE HOSPITAL**

76 Willetts Road, North Mackay

**NORTHERN BEACHES**

1 Carl Street, Rural View

**TOOWOOMBA AND DARLING DOWNS PRACTICES**
**HIGHFIELDS**

73 Highfields Road, Highfields

**RUSSELL STREET**

127 Russell Street, Toowoomba

**ST ANDREW'S HOSPITAL**

280 North Street, Toowoomba

**ST VINCENT'S HOSPITAL**

Entrance 6, Ground floor, Herries St, East Toowoomba

**WARWICK**

51 Wood Street, Toowoomba

**GOLD COAST PRACTICES**
**GOLD COAST PRIVATE HOSPITAL**

Ground Floor, 14 Hill Street, Southport

**HELENSVALE**

GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale

**SOUTHPORT**

Ground Floor, 127 Queen Street, Southport

**AIRPORT CENTRAL**

Ground Floor, F11-F16, Airport Central, 1 Eastern Avenue, Bilinga

**BRISBANE PRACTICES**
**GREENSLOPES PRIVATE HOSPITAL**

Lower Lobby Level, Newdegate Street, Greenslopes

**MATER PRIVATE HOSPITAL BRISBANE**

Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane

**MATER PRIVATE HOSPITAL SPRINGFIELD**

Level 2, 30 Health Care Drive, Springfield

**QUEEN ELIZABETH II JUBILEE HOSPITAL**

Kessels Road, Coopers Plains

**SUNNYBANK PRIVATE HOSPITAL**

Level 1, 245 McCullough Street, Sunnybank

**TARINGA**

Westside Private Hospital, Ground Floor, 32 Morrow Street, Taringa

**BAYSIDE (OPPOSITE REDLAND HOSPITAL)**

Medical Hub, 16 Weipin Street, Cleveland

**BEENLEIGH**

105 City Road, Beenleigh

**BOWEN HILLS**

16 Thompson Street, Bowen Hills

**BROWNS PLAINS**

14 Grand Plaza Drive, Browns Plains

**CAPALABA**

Rickey St, Capalaba

**CLEVELAND**

43 Wynyard Street, Cleveland

**COORPAROO**

342 Old Cleveland Road, Coorparoo

**LOGANHOLME**

62 Bryants Road, Loganholme

**LOGAN CENTRAL**

Cnr Wembley &amp; Kingston Roads (Service Road), Logan Central

**MARKET SQUARE ( 巴士總站 MARKET SQUARE)**

Ground Floor, 309 Mains Road (cnr Elva Street), Sunnybank

**SKYGATE BRISBANE AIRPORT**

Skygate Centre, Shop 13, 11 The Circuit, Brisbane Airport

**UPPER MT GRAVATT**

Ground Floor, 1985 Logan Road, Upper Mt Gravatt

**WYNNUM**

101 Clara Street, Wynnum

**Ph: 4046 7800**

Fax: 4051 3028

Email: cairns@qldxray.com.au

**Ph: 4759 2800**

Fax: 4775 6460

Email: townsville@qldxray.com.au

**Ph: 4965 6200**

Fax: 4942 7506

Email: mackay@qldxray.com.au

**Ph: 1300 770 151**

Fax: 1300 023 191

Email: toowoomba@qldxray.com.au

**Ph: 1300 183 988**

Email: gcbookings@qldxray.com.au

**Ph: 3421 0444**

Fax: 3847 4455

**Ph: 3840 6200**

Fax: 3846 1987

**Ph: 3470 3000**

Fax: 3470 3030

**Ph: 3712 2500**

Fax: 3875 2866

**Ph: 3347 2700**

Fax: 3344 4987

**Ph: 3721 5300**

Fax: 3721 5333

**Ph: 3488 5600**

Fax: 3286 1768

**Ph: 3382 4944**

Fax: 3287 4831

**Ph: 3024 4600**

Fax: 3024 4666

**Ph: 3802 7605**

Fax: 3809 2809

**Ph: 3906 4700**

Fax: 3823 4302

**Ph: 3826 6700**

Fax: 3286 4057

**Ph: 3456 3100**

Fax: 3397 1120

**Ph: 3380 7599**

Fax: 3801 4843

**Ph: 3387 4888**

Fax: 3290 5655

**Ph: 3722 8300**

Fax: 3344 5287

**Ph: 3032 8440**

Fax: 3032 8441

**Ph: 3422 8855**

Fax: 3349 0877

**Ph: 3900 4300**

Fax: 3348 7466

OPEN WEEKENDS

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.

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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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