Request form / Referral



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Diagnostic Request

<u>=</u>	Date:	
Details	Name:	DOB:
Patient	Address:	
Pa	Medicare No:	
	Serum Creatinine Level:	eFGR:

For all appointments 4965 6200 Ph: 4942 7506

Email: mackay@qldxray.com.au

Reason for referral and clinical history

	Practitioner's Name:
ails	Address:
Det	
ners	
Referring Practitioner's Details	
Prac	Date:
gui.	Signature:
ete.	
	Copy to:
	Thank you for referring your patient to Queensland X-Ray.

Internal Use Only	Yes No
Front Office Check	
Pregnant	
Patient Identification verified	
Procedure and consent verified	
Correct side and site verified	
Correct patient data and side ma	rkers
Tech initials:	
Team leader signature:	



Date:
Time:
Location:
Other:
For more information about your examination please visit qldxray.com.au

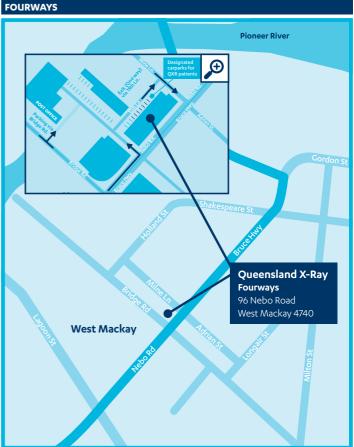
CONE BEAM
PLAIN X-RAY
EOS IMAGING
OPG
FLUOROSCOPY
CT SCAN
ULTRASOUND
DUPLEX ULTRASOUND
NUCHAL TRANSLUCENCY
MAMMOGRAPHY
NUCLEAR MEDICINE
BONE DENSITOMETRY

HOSPITAL PRACTICE

MATER PRIVATE HOSPITAL	Ph: 4965 6200									•	3D	•		•
			•		•	•		•						
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						•	•						

MATER PRIVATE HOSPITAL A1 By Casis Dr Windmill Crsg Heaths Rd Kay Ct Queensland X-Ray Mater Private Hospital 76 Willetts Road, North Mackay 4740 Pioneer River





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.

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