

Patient Details

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

Centralised Appointments and Enquiries
 Ph: (07) 4759 2800
 Fax: (07) 4775 6460
 Email: Townsville@qldxray.com.au

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:	_____	

My Appointment

Date: _____

Time: _____

Location: _____

Other: _____

For more information about your examination please visit qldxray.com.au

PLEASE NOTE: Bookings are required for all examinations except for plain x-rays.

	OPEN WEEKENDS	PLAIN X-RAY	OPG & LATERAL CEPHALOMETRY	FLUOROSCOPY	CT CARDIAC ANGIOGRAPHY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	ECHOCARDIOGRAPHY	EOS	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET/CT
Sat 9am - 4pm	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sun 9am - 4pm	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

HOSPITAL BASED PRACTICES (FOR COMPLEX AND INTERVENTIONAL PROCEDURES)

MATER PRIVATE HOSPITAL – PIMLICO Mercy Centre, 25 Fulham Road (Via Diprose St), Pimlico	Ph: 4759 2800 Fax: 4775 6460 Email:
MATER PRIVATE HOSPITAL – HYDE PARK Ground Floor, 9-13 Bayswater Road, Hyde Park	Townsville@ qldxray.com.au

COMMUNITY PRACTICE

DOMAIN CENTRAL Shop 21A Building I, Domain Central, 103 Duckworth Street, Garbutt	
DOUGLAS – DISCOVERY RISE Ground Floor, Clinical Practice Building, James Cook Drive, Douglas	Ph: 4759 2800 Fax: 4775 6460 Email:
FAIRFIELD Homemaker Centre, Shop 9, 1 Darcy Drive, Idalia	Townsville@ qldxray.com.au
NORTH SHORE 7/50 North Shore Boulevard, Burdell	
WOMEN'S IMAGING TOWNSVILLE 4th Floor, Clinical Practice Building, James Cook Drive, Douglas	

FOR AFTER HOURS EMERGENCY IMAGING, PLEASE CONTACT 4759 2800.

PATIENT PREPARATION
DIAGNOSTIC X-RAYS:

BIARIUM MEAL: Nothing to eat, drink or smoke for 8 hours prior to examination.

BIARIUM ENEMA/SMALL BOWEL SERIES: Bowel preparation kit with clear directions will be supplied for each examination. The aim of this kit will be to thoroughly clear the bowel prior to the examination. (Kit available from all practices.)

IVP: Care with patients who have previously had a significant contrast reaction. Newer non-ionic contrast is used for all intravenous injections which considerably reduces the incidence of reaction. 2 Durolox tablets night before study. Nil by mouth for 3 hours before examination - this may be relaxed for urgent studies.

MAMMOGRAPHY: For patient comfort ideally not performed within 10 days prior to menstruation. No talcum powder or deodorant in the breast or underarm area. Please bring any relevant breast imaging performed outside of Queensland XRay.

ULTRASOUND:

PREGNANCY OR PELVIC: MUST HAVE A FULL BLADDER AT APPOINTMENT TIME. Drink 1 litre of water 1 hour before study. MUST NOT empty bladder.

UPPER ABDOMEN: Nothing to eat, smoke or drink (water allowed) for 6 hours prior to appointment.

THYROID OR BREAST: No preparation.

DUPLEX CAROTID, DUPLEX LEG ARTERIAL, LEG VEINS (DVT, FCVI), PENILE DOPPLER: No preparation.

RENAL ARTERIES, ABDOMINAL DOPPLER: 6 hour fast, no smoking.

CT SCAN:

ABDOMEN/PELVIS: Fast for 4 hours prior to examination, remaining well hydrated over the 4 hours. Drink 1 litre of water in the hour before your appointment. Void freely.

ALLERGY TO IODINATED CONTRAST:

To reduce the small risk of allergic-type reaction to contrast media, we use only non-ionic contrast for all intravenous injections. However, where a significant allergic-type reaction has previously occurred, it may be necessary to use a preparation over 13 hours using oral steroids and antihistamine. This can be organised at our hospital practices through our nurse.

NUCLEAR MEDICINE SCAN: Please bring previous relevant imaging.

Restrictions apply for pregnant and breast feeding patients. Please contact practice for details.

BONE: Ensure hydration. Patient may leave department during 2-3 hour break between first and second part of bone scan. No barium 1 week prior to scan.

RENAL DTPA/MAG3: Drink 1 litre of clear fluid 1 hour prior to scan. Void freely. No diuretics day of scan.

RENAL DTPA/MAG3 WITH CAPTOPRIL: As above. Cease ACE inhibitors 3-7 days prior, depending on drug. Check with practice. Other antihypertensives may be substituted.

THYROID: No iodinated contrast for 4-6 weeks prior to scan. If on thyroid medication, please check with practice.

GALLIUM: 3-4 day study. Normal diet. No barium studies for 1 week prior to examination. No oral contrast during study. Ensure daily bowel movement during study.

HEPATOBI LARY/HIDA SCAN: Nil by mouth from midnight prior to the examination. This includes smoking. No barium studies for 1 week prior to examination. Cease opiates 24 hours prior to scan.

LIVER/SPLEEN: No preparation. No barium studies for 1 week prior to examination.

G.I. BLEEDING: No preparation. No barium or oral contrast for 1 week prior to examination.

BRAIN SPECT, GATED HEART POOL SCAN, LUNG SCAN: No preparation.

MYOCARDIAL PERFUSION WITH THALLIUM and/or MIBI: Nil by mouth from midnight. Cease caffeine 1 day prior. Various drug and dietary restrictions may apply. Information sheets are available from the practice and will be given at the time of booking.

For other Nuclear Medicine procedures please contact our Hyde Park practice.

PET/CT:

Patients will receive detailed information at time of booking.

BONE DENSITOMETRY:

No preparation required. Not to be performed for 72 hours after a Nuclear Medicine Study, not for 1 week after a Barium Study. Not performed during pregnancy.

MAGNETIC RESONANCE IMAGING:

Preparation may be required for certain studies relating to the abdomen or pelvis. Detailed questionnaire to be completed at the time of booking to ensure patient safety. Cardiac pacemakers, aneurysm clips and other surgically implanted devices may not be MRI compatible. Please mention to our staff at the time of booking if you suffer from claustrophobia. Jewellery and piercings to be removed prior to scan. Metal implants in the anatomical area of scanning may degrade images.

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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