

Patient Details

Date: _____ DOB: _____ Medicare No: _____

Name: _____

Address: _____ Phone: _____

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 therapy12320 ☐ 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 BMD12312 ☐ 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 secretion12306 ☐ 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 lower12315 ☐ 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 disease12322 ☐ 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: _____

For all appointments and enquiries:

Phone: 1300 183 988

Fax: 07 5581 0922

Email: gcbookings@qldxray.com.au

My Appointment

Date:

Time:

Location:

Other:

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

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NUCLEAR MEDICINE
BONE DENSITOMETRY
MRI

GOLD COAST PRIVATE HOSPITAL

Ground Floor, 14 Hill Street, Southport

Ph: 5552 5700 Email: bookings.gcp@qldxray.com.au

HELENSVALE

GC North Medical Hub - Homeworld Helensvale,

502 Hope Island Road, Helensvale

Ph: 5563 5200 Email: helensvale@qldxray.com.au

SOUTHPORT

Ground Floor, 127 Queen Street, Southport

Ph: 5581 0900 Email: southport@qldxray.com.au

AIRPORT CENTRAL

Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga

Ph: 5513 3700 Email: gcairport@qldxray.com.au

For bookings and appointments

Ph: 1300 183 988

Fax: 07 5581 0922

Email: gcbookings@qldxray.com.au

	Sat & Sun	X-RAY	DENTAL IMAGING	FLUOROSCOPY	ANGIOGRAPHY	CT SCAN	INTERVENTIONAL CT	ULTRASOUND	INTERVENTIONAL ULTRASOUND	DUPLEX ULTRASOUND	CARDIAC CT	ECHOCARDIOGRAPHY	PREGNANCY IMAGING	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI
GOLD COAST PRIVATE HOSPITAL	•	•	•	•	•	•	•	•	•	•	•	•	•	3D	•	•	•
HELENSVALE	N/A	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SOUTHPORT	N/A	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
AIRPORT CENTRAL	N/A	•	•	•	•	•	•	•	•	•	•	•	•	3D	•	•	•

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



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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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