

Patient Details

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



For bookings scan here

qldxray.com.au/book-online

Diagnostic Request

Reason for referral and clinical history

GP Medicare rebateable studies are below. Please tick which items apply. (**3 services per 12 months)

MRI Person OVER 16

Head - 63551**

- Unexplained seizure
- Unexplained chronic headache

Spine - 63554**

- For suspected cervical radiculopathy

Spine - 63557**

- For suspected cervical spine trauma

Knee inability to extend after acute trauma - 63560 (50 years and over not eligible)**

- Inability to extend the knee suggesting the possibility of acute meniscal tear
- Clinical findings suggesting ACL 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

- Suspected septic arthritis
- Suspected Perthes disease
- Suspected slipped capital femoral epiphysis

Elbow following prior radiology - 63519

- Suspected significant fracture or avulsion

Wrist following prior radiology - 63522

- Suspected scaphoid fracture

Knee - 63513**

- For internal joint derangement

I confirm the patient is eligible to participate in the National Lung Cancer Screening Program (NLCSP)

- 57410 Low-dose CT scan of chest for NLCSP - Initial or 2 Year Re-Scan**
 - Family history of lung cancer in a first-degree relative (includes parents, siblings or children)
- 57413 Low-dose CT scan of chest for NLCSP - Interval or Follow-up**

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 Female hypogonadism > 6mths before age 45
 - Prolonged glucocorticoid therapy (as per MBS) Conditions associated with excess glucocorticoid secretion
- 12306** 24 mths+ since prior BMD (please also tick description)
 - 1 or more fractures after minimal trauma Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower
 - Monitoring osteoporosis proven by prior BMD
- 12315** 24 mths+ since prior BMD (please also tick description)
 - Primary hyperparathyroidism Proven malabsorptive disorders (Crohns, Coeliac)
 - Conditions associated with thyroxine excess 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. Include contrast mammography
- Previous breast cancer Significant family history of breast or ovarian cancer Symptoms or indications of breast disease found on examination of the patient by a medical practitioner (indicate area 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

OPEN WEEKENDS	X-RAY	DENTAL IMAGING	FLUOROSCOPY	ANGIOGRAPHY	CT SCAN	INTERVENTIONAL CT	ULTRASOUND	INTERVENTIONAL ULTRASOUND	CARDIAC CT	ECHOCARDIOGRAPHY	PREGNANCY IMAGING	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET-CT
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AIRPORT CENTRAL

Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga
 Ph: 5513 3700 Email: gcairport@qldxray.com.au

BROADBEACH

Ground Floor, 2681 Gold Coast Highway, Broadbeach
 Ph: 5562 9000 Email: broadbeach@qldxray.com.au

GOLD COAST LUMINA NEW LOCATION

RDX Lumina, Ground Floor, 23 Nexus Way, Southport
 Ph: 5503 4000 Email: gclumina@qldxray.com.au

GOLD COAST PRIVATE HOSPITAL

Ground Floor, 14 Hill Street, Southport
 Ph: 5552 5700 Email: gcph@qldxray.com.au

HELENSVALE

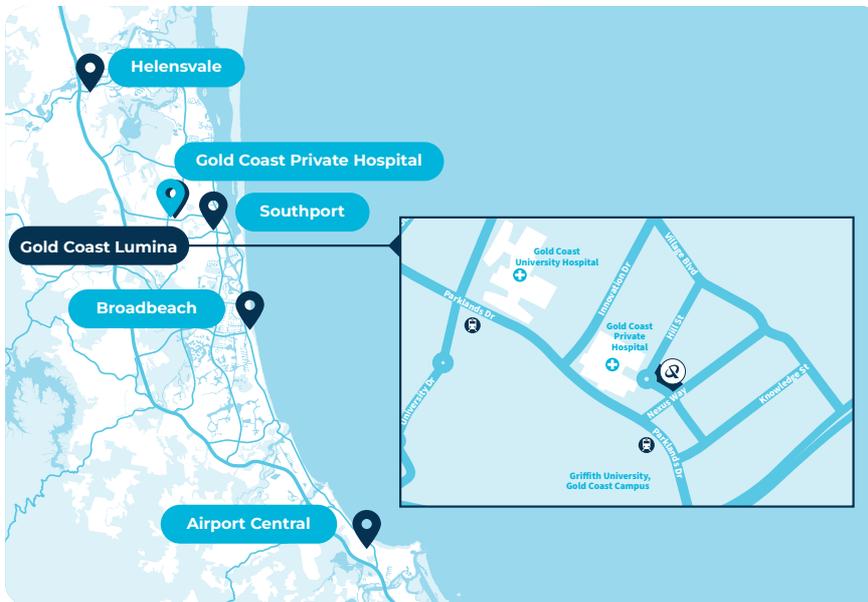
GC North Medical Hub - Homeworld Helensvale,
 502 Hope Island Road, Helensvale
 Ph: 5563 5200 Email: helensvale@qldxray.com.au

SOUTHPORT

Queen Street Village, Ground Floor, 127 Queen Street, Southport
 Ph: 5581 0900 Email: southport@qldxray.com.au

For bookings
Ph: 1300 183 988
 Fax: 07 5581 0922
 Email: gcbookings@qldxray.com.au

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Access your images and results online. For more information, please visit qldxray.com.au/patients/online-access-patient-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.

* Contrast Enhanced Mammography

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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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