

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 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: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 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](http://qldxray.com.au)

OPEN WEEKENDS	EOS IMAGING	X-RAY	OPC & LATERAL CEPHALOMETRY	FLUOROSCOPY	ANGIOGRAPHY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	ECHOCARDIOGRAPHY	NUCLEAR TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	PET/CT	MRI
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**HOSPITAL PRACTICES**

<b>GREENSLOPES PRIVATE HOSPITAL</b> Lower Lobby Level, Newdegate Street, Greenslopes	<b>Ph: 3421 0444</b> Fax: 3847 4455	Sat	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MATER PRIVATE HOSPITAL BRISBANE</b> Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane	<b>Ph: 3840 6200</b> Fax: 3846 1987	Sat & Sun	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MATER HOSPITAL BRISBANE</b> 4th Floor, 32 Raymond Terrace, South Brisbane	<b>Ph: 3840 6299</b> Fax: 3840 6277		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MATER PRIVATE HOSPITAL SPRINGFIELD</b> Level 2, 30 Health Care Drive, Springfield	<b>Ph: 3470 3000</b> Fax: 3470 3030	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>QUEEN ELIZABETH II JUBILEE HOSPITAL</b> Kessels Road, Coopers Plains	<b>Ph: 3712 2500</b> Fax: 3875 2866		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>ST VINCENT'S HOSPITAL BRISBANE</b> Ground Floor, 411 Main Street, Kangaroo Point	<b>Ph: 3227 0000</b> Fax: 3392 1769		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>SUNNYBANK PRIVATE HOSPITAL</b> Level 1, 245 McCullough Street, Sunnybank	<b>Ph: 3347 2700</b> Fax: 3344 4987	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•

**WOMEN'S CENTRES**

<b>MATER WOMEN'S IMAGING CENTRE</b> Level 6, Mater Private Clinic, 550 Stanley Street, South Brisbane	<b>Ph: 3840 6208</b> Fax: 3844 4277										•	•	•	•	•
<b>SUNNYBANK WOMEN'S IMAGING CENTRE</b> Suite 15, McCullough Centre 259 McCullough Street, Sunnybank	<b>Ph: 3347 2755</b> Fax: 3345 2635										•	•	•	•	•

**COMMUNITY PRACTICES**

<b>BAYSIDE (OPPOSITE REDLAND HOSPITAL)</b> Medical Hub, 16 Weippin Street, Cleveland	<b>Ph: 3488 5600</b> Fax: 3286 1768	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>BEENLEIGH</b> 105 City Road, Beenleigh	<b>Ph: 3382 4944</b> Fax: 3287 4831	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>BOWEN HILLS</b> 16 Thompson Street, Bowen Hills	<b>Ph: 3024 4600</b> Fax: 3024 4666	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>BROWNS PLAINS</b> 14 Grand Plaza Drive, Browns Plains	<b>Ph: 3802 7605</b> Fax: 3809 2809	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>CAPALABA</b> Rickey St, Capalaba	<b>Ph: 3906 4700</b> Fax: 3823 4302		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>CLEVELAND</b> 43 Wynyard Street, Cleveland	<b>Ph: 3826 6700</b> Fax: 3286 4057		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>COORPAROO</b> 342 Old Cleveland Road, Coorparoo	<b>Ph: 3456 3100</b> Fax: 3397 1120	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>LOGANHOLME</b> 62 Bryants Road, Loganholme	<b>Ph: 3380 7599</b> Fax: 3801 4843		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>LOGAN CENTRAL</b> Cnr Wembley & Kingston Roads (Service Road), Logan Central	<b>Ph: 3387 4888</b> Fax: 3290 5655	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>LOGAN ROAD (GREENSLOPES)</b> 589 Logan Road, Greenslopes	<b>Ph: 3394 5800</b> Fax: 3847 9609		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MARKET SQUARE (昆士蘭X光 MARKET SQUARE)</b> Ground Floor, 309 Mains Road (cnr Elva Street), Sunnybank	<b>Ph: 3722 8300</b> Fax: 3344 5287		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>TARINGA</b> Westside Private Hospital, Ground Floor, 32 Morrow Street, Taringa	<b>Ph: 3721 5300</b> Fax: 3721 5333	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>UPPER MT GRAVATT</b> Ground Floor, 1985 Logan Road, Upper Mt Gravatt	<b>Ph: 3422 8855</b> Fax: 3349 0877		•	•	•	•	•	•	•	•	•	•	•	•	•
<b>WYNNUM</b> 101 Clara Street, Wynnum	<b>Ph: 3900 4300</b> Fax: 3348 7466	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•

\*Coming Soon

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/](http://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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