

## Patient Details

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

For all appointments

Ph: 4046 7800

Fax: 4051 3028

Email: cairns@qldxray.com.au

Book Online: www.qldxray.com.au

Phones open: 7am-9pm Mon to Fri  
8am-4pm Sat & Sun

Diagnostic Request. Reason for referral and clinical history. (X-Ray, CT, US, Nuclear Medicine Bulk Billed)\*

GP Medicare rebateable studies and guided injection options below. For BMD criteria see over page. Please tick which items apply.

## 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

Image Guided Injections - please tick options below. The Radiologist will determine the best modality to use based on the clinical indication.

Facets, side ☐ Left ☐ Right

- ☐ Levels \_\_\_\_\_

Nerve roots, side ☐ Left ☐ Right

- ☐ Levels \_\_\_\_\_

## Epidural steroid injection

- ☐ Level \_\_\_\_\_

Elbow, side ☐ Left ☐ Right

- ☐ Common extensor origin ☐ Elbow joint

- ☐ Olecranon bursa ☐ Other \_\_\_\_\_

Wrist, side ☐ Left ☐ Right

- ☐ Carpal tunnel ☐ Scapholunate joint

- ☐ APL/EPB (De Quervain's) ☐ Other \_\_\_\_\_

Shoulder, side ☐ Left ☐ Right

- ☐ Bursa ☐ Glenohumeral joint

- ☐ Acromioclavicular joint

Knee, side ☐ Left ☐ Right

- ☐ Joint ☐ Other \_\_\_\_\_

Hip, side ☐ Left ☐ Right

- ☐ Trochanteric bursa ☐ Hip joint

- ☐ Other \_\_\_\_\_

Ankle/foot, side ☐ Left ☐ Right

- ☐ Talocrural joint ☐ Subtalar joint

- ☐ Morton's neuroma ☐ Plantar fascia

- ☐ Achilles

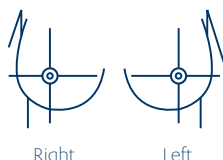
I confirm the patient is eligible to participate in the National Lung Cancer Screening Program (NLCSP)

☐ 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☐ 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 a diagram)



Right

Left

## 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: \_\_\_\_\_

## Practitioner's Details

Practitioner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Copy to: \_\_\_\_\_

Thank you for referring your patient to Queensland X-Ray.

qldxray.com.au

#### Ultrasound Shoulder - 55864

- ☐ ? capsulitis / bursitis   ☐ ? acromioclavicular joint pathology   ☐ ? injury to tendon, muscle or tendon/muscle junction incl tears   ☐ ? rotator cuff tears/calcification/tendinosis of bicep subscapular supraspinatus or infraspinatus

#### BMD - subject to Medicare criteria (Please tick box below)

<b>12321</b>	<input type="checkbox"/> 12 mths+ since prior BMD. 12 mths since significant change in therapy		
<b>12320</b>	<input type="checkbox"/> First BMD, age 70+	<input type="checkbox"/> 5 years since prior BMD, age 70 years+ with no to mild osteopenia (T-score 0 to -1.5) on prior BMD	
<b>12312</b>	<input type="checkbox"/> 12 mths+ since prior BMD (please also tick description)	<input type="checkbox"/> Male hypogonadism <input type="checkbox"/> Prolonged glucocorticoid therapy (as per MBS)	<input type="checkbox"/> Female hypogonadism > 6mths before age 45 <input type="checkbox"/> Conditions associated with excess glucocorticoid secretion
<b>12306</b>	<input type="checkbox"/> 24 mths+ since prior BMD (please also tick description)	<input type="checkbox"/> 1 or more fractures after minimal trauma <input type="checkbox"/> Monitoring osteoporosis proven by prior BMD	<input type="checkbox"/> Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower
<b>12315</b>	<input type="checkbox"/> 24 mths+ since prior BMD (please also tick description)	<input type="checkbox"/> Primary hyperparathyroidism <input type="checkbox"/> Conditions associated with thyroxine excess	<input type="checkbox"/> Proven malabsorptive disorders (Crohns, Coeliac) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Chronic liver / renal disease
<b>12322</b>	<input type="checkbox"/> 24 mths+ since prior BMD. Age 70+ and has moderate to marked osteopenia (T-score -1.5 to -2.5) on prior scan.		

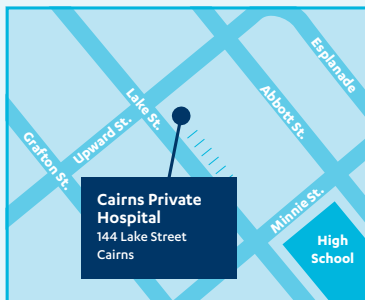
## QUEENSLAND X-RAY LOCATIONS

#### For all appointments

Ph: 4046 7800  
Fax: 4051 3028  
Email: cairns@qldxray.com.au

#### Phones open:

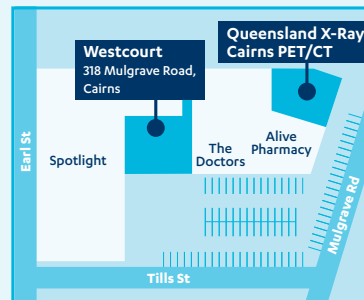
7am-9pm Mon to Fri  
8am-4pm Sat & Sun



#### CAIRNS PRIVATE HOSPITAL

Level 3, 144 Lake Street  
Cairns

*New additional free parking is now available on Lake Street, next to Cairns Baptist Church*



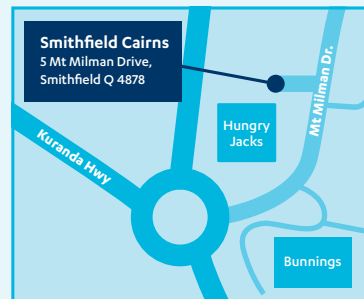
#### WESTCOURT AND PET/CT CENTRE

318 Mulgrave Road  
Cairns



#### LAKE STREET

189 Lake Street  
Cairns



#### SMITHFIELD CAIRNS

5 Mt Milman Drive  
Smithfield

**ONSITE PARKING AT ALL LOCATIONS.**

Access your images and results online.

For more information, please visit <https://www.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.

\* When Medicare eligible

\*\*3 services per 12 months

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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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