Request form / Referral

QueenslandXRay

For bookings scan here

qldxray.com.au/book-online

Patient Details

Date:

Name: DOB:

Address:

Medicare No:

Serum Creatinine Level: eFGR:

Diagnostic Request

Reason for referral and clinical history

Referring Practitioner's Details

Practitioner's Name:

Address:

Date:

Signature: _____

Copy to: _____

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

Internal Use Only

	Yes	No
Front Office Check	☐	
Pregnant	☐	☐
Patient Identification verified	☐	
Procedure and consent verified	☐	
Correct side and site verified	☐	

Correct patient data and side markers

Tech initials: _____

Team leader signature: _____

QueenslandXRay

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My Appointment

Date:

Time:

Location:

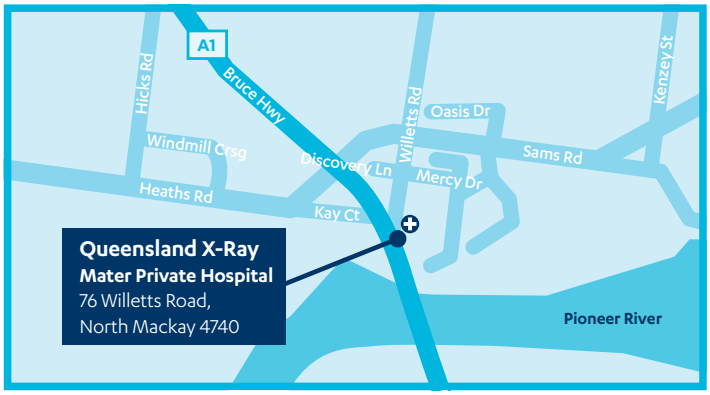
Other:

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

	PLAIN X-RAY	STANDING ALIGNMENT IMAGING	OPG	FLUOROSCOPY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	NUCHAL TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET/CT
HOSPITAL PRACTICE													
MATER PRIVATE HOSPITAL 76 Willetts Road, North Mackay	•		•	•	•	•	•	•	3D*	•		•	
COMMUNITY PRACTICES													
MACKAY CITY OPENING JANUARY 2027 109 Sydney Street, Mackay	•	•		•	•	•					•	•	•
NORTHERN BEACHES 1 Carl Street, Rural View	•				•	•							

Ph: 4965 6200
Fax: 4942 7506
Email: mackay@qldxray.com.au

MATER PRIVATE HOSPITAL



MACKAY CITY



NORTHERN BEACHES



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

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* Contrast Enhanced Mammography

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