Cardiac CT and MR Imaging Request form / Referral



Team leader signature:

Patient Details	Date:	DOB: N	Nedicare No:							
	Name:									
	Address:	Р	hone:							
Dia	ignostic Request									
Rea	ason for referral and clinical hi	istory								
	mination required by date	care Benefits for Specialists								
	CORONARY ANGIOGRAPHY		C	CAI	RDIOVASCULAR MRI For the ass	essment and exclusion of:				
	 57360 (i) The patient has stable or acute symptoms consistent with coronary ischaemia AND (ii) The patient is at low to intermediate risk of an acute coronary event, including having no significant cardiac biomarker elevation and no electrocardiogram changes indicating acute ischaemia 57364 (One of the following applies to the patient:) The patient has stable symptoms and newly recognised left ventricular systolic dysfunction or unknown aetiology; 			 63390 Suspected myocarditis 63395 Symptoms or signs consistent with ARVC 63397 ARVC screening (Asymptomatic and ARVC diagnosed in one or more first degree relatives) 63385 Congenital disease of the heart or great vessels 						
				 63388 Tumour of the heart or great vessels 63391 Abnormality of the thoracic aorta Non Medicare Eligible Examination 						
	 The patient requires exclusion of coronary artery anomaly or fistula; The patient will be undergoing non coronary cardiac surgery; The patient meets the criteria to be eligible for a service to which item 38247, 38249 or 38252 applies, but as an alternative to selective 		y or fistula; jery; o which			does not meet the above Medicare				
coronary angiography will require an assessment of the patency of one or more bypass grafts Non Medicare Eligible Examination				CARDIOVASCULAR CT □ AF Ablation / LAA occlusion □ TAVI Workup						
	CT Coronary Angiography wh eligibility criteria Coronary Calcium score	hich does not comply with Med	icare		Thoracic Aortogram Other:					
	Practitioner's Name:									
tails	Provider number:					Overalla de Describira della Colo				
's Det	Address:					Queensland X-Ray Internal Use Only Yes No				
Referring Practitioner's Details						Pregnant Front office check Patient identification verified				
ing Pr	Copy to:					Procedure and consent verified Correct side and site verified				
Refer						Correct patient data and side markers				
- 42						Toch initials:				

12/25 qldxray.com.au

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





int	Date:
intme	Time:
My Appointment	Location:
My	Other:
	For more information about your examination please visit qldxray.com.au

CARDIOVASCULAR MRI

MATER HOSPITAL BRISBANE For bookings please email: cardiacMRI@qldxray.com.au 4th Floor, 32 Raymond Terrace, South Brisbane or call 3421 8077 between 8am-4pm Mon - Fri

	CARDIAC CT			
	CT CORONARY ANGIOGRAPHY (CTCA)	CARDIOVASCULAR CT	CORONARY CALCIUM SCORE	TAVI Workup
BRISBANE Ph: 1300 781 92	26 Email: bookings@c	Ildxray.com.au		
BAYSIDE (OPPOSITE REDLAND HOSPITAL)				
Medical Hub, 16 Weippin Street, Cleveland			•	
BEENLEIGH				
105 City Road, Beenleigh			•	
BOWEN HILLS			•	
16 Thompson Street, Bowen Hills BROWNS PLAINS				
14 Grand Plaza Drive, Browns Plains			•	
CAPALABA				
Rickey St, Capalaba			•	
COORPAROO				
342 Old Cleveland Road, Coorparoo			•	
GREENSLOPES PRIVATE HOSPITAL				
Lower Lobby Level, Newdegate Street, Greenslopes	•	•	•	•
LOGAN CENTRAL				
Cnr Wembley & Kingston Roads (Service Road), Logan Central			•	
LOGAN ROAD (GREENSLOPES)				
589 Logan Road, Greenslopes			•	
MATER HOSPITAL BRISBANE				
4th Floor, 32 Raymond Terrace, South Brisbane			•	
MATER PRIVATE HOSPITAL BRISBANE				
Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane			•	
MOUNT GRAVATT			•	
1437 Logan Road (access via Gowrie Street), Mount Gravatt SUNNYBANK MARKET SQUARE (MARKET SQUARE)				
Ground Floor, 309 Mains Road (cnr Elva Street), Sunnybank			•	
SUNNYBANK PRIVATE HOSPITAL				
Level 1, 245 McCullough Street, Sunnybank	•	•	•	
TARINGA				
Westside Private Hospital, Ground Floor, 32 Morrow Street, Taringa		•	•	
GOLD COAST Ph: 1300 183 9	88 Email: gcbookings	@qldxray.com.au		
AIRPORT CENTRAL				
Ground Floor, F11-F16, Airport Central, 1 Eastern Avenue, Bilinga		•	•	
GOLD COAST PRIVATE HOSPITAL				
Ground Floor, 14 Hill Street, Southport	•	•	•	•
TOOWOOMBA Ph: 1300 770	151 Email: toowoomb	a@qldxray.com.au		
HIGHFIELDS				
73 Highfields Road, Highfields			•	
RUSSELL STREET				
127 Russell Street, Toowoomba			•	
SOUTH TOOWOOMBA				
The Bernoth Centre, 677 Ruthven Street, South Toowoomba			•	
ST ANDREW'S HOSPITAL				
280 North Street, Toowoomba			•	
ST VINCENT'S HOSPITAL				
Entrance 6, Ground floor, Herries St, East Toowoomba			-	
WARWICK			•	
51 Wood Street, Warwick				

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

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