

Patient Details

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



For bookings
scan here

qldxray.com.au/book-online

Diagnostic Request

Centralised Appointments
and Enquiries

Ph: (07) 4759 2800

Fax: (07) 4775 6460

Email: Townsville@qldxray.com.au

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 (NLCSF)

- ☐ 57410 Low-dose CT scan of chest for NLCSF - 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 NLCSF - 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

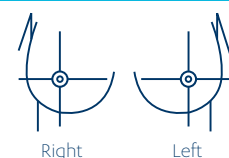
- 12312 ☐ 12 mths+ since prior BMD (please also tick description) ☐ Male hypogonadism ☐ Female hypogonadism > 6mths before age 45
☐ Prolonged glucocorticoid therapy (as per MBS) ☐ Conditions associated with excess glucocorticoid secretion

- 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 a 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: _____

qldxray.com.au



My Appointment

Date: _____

Time: _____

Location: _____

Other: _____

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

PLEASE NOTE: Bookings are required for all examinations except for plain x-rays.

OPEN WEEKENDS	PLAIN X-RAY	OPG & LATERAL CEPHALOMETRY	FLUOROSCOPY	CT CARDIAC ANGIOGRAPHY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	ECHOCARDIOGRAPHY	EOS	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET/CT
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HOSPITAL BASED PRACTICES (FOR COMPLEX AND INTERVENTIONAL PROCEDURES)

MATER PRIVATE HOSPITAL – PIMLICO

Mercy Centre, 25 Fulham Road (Via Diprose St), Pimlico

MATER PRIVATE HOSPITAL – HYDE PARK

Ground Floor, 9-13 Bayswater Road, Hyde Park

COMMUNITY PRACTICE

DOMAIN CENTRAL

Shop 21A Building I, Domain Central, 103 Duckworth Street, Garbutt

DOUGLAS – DISCOVERY RISE

Ground Floor, Clinical Practice Building, James Cook Drive, Douglas

FAIRFIELD

Homemaker Centre, Shop 9, 1 Darcy Drive, Idalia

NORTH QUEENSLAND COWBOYS STADIUM NEW LOCATION

Hutchinson Builders Centre, Level 2, 26 Graham Murray Place, Railway Estate, Townsville

NORTH SHORE

7/50 North Shore Boulevard, Burdell

Ph: 4759 2800

Fax: 4775 6460

Email:

Townsville@
qldxray.com.au

Sat 9am – 4pm	Sun 9am – 1pm	PLAIN X-RAY	OPG & LATERAL CEPHALOMETRY	FLUOROSCOPY	CT CARDIAC ANGIOGRAPHY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	ECHOCARDIOGRAPHY	EOS	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET/CT
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FOR AFTER HOURS EMERGENCY IMAGING, PLEASE CONTACT 4759 2800.

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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