

## Patient Details

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

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

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

## For all appointments

Ph: 4965 6200

Fax: 4942 7506

Email: mackay@qldxray.com.au

## 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 therapy12320 ☐ 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 BMD12312 ☐ 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.☐ Breast US only ☐ Mammography only

Please indicate area of suspicion on 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: \_\_\_\_\_

**My Appointment**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Other: \_\_\_\_\_

For more information about your examination please visit [qldxray.com.au](http://qldxray.com.au)

CONE BEAM	PLAIN X-RAY	EOS IMAGING	OPG	FLUOROSCOPY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	NUCHAL TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI
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**HOSPITAL PRACTICE**
**MATER PRIVATE HOSPITAL**

76 Willetts Road, North Mackay

**Ph: 4965 6200**

**Fax: 4942 7506**

**COMMUNITY PRACTICES**
**FOURWAYS**

96 Nebo Road, West Mackay

**Ph: 4965 6200**

**Fax: 4942 7506**

**NORTHERN BEACHES**

1 Carl Street, Rural View

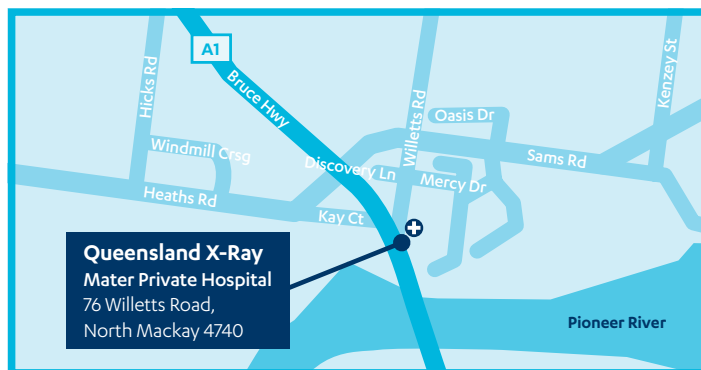
**Ph: 4965 6200**

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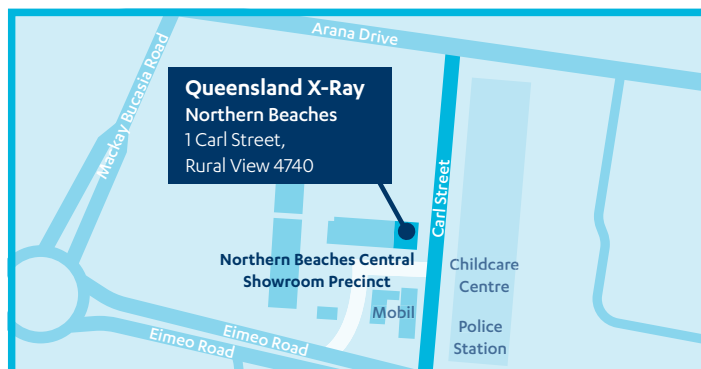
**Opening Hours:**
**MATER PRIVATE HOSPITAL**

Monday – Friday 8.00am - 5.00pm

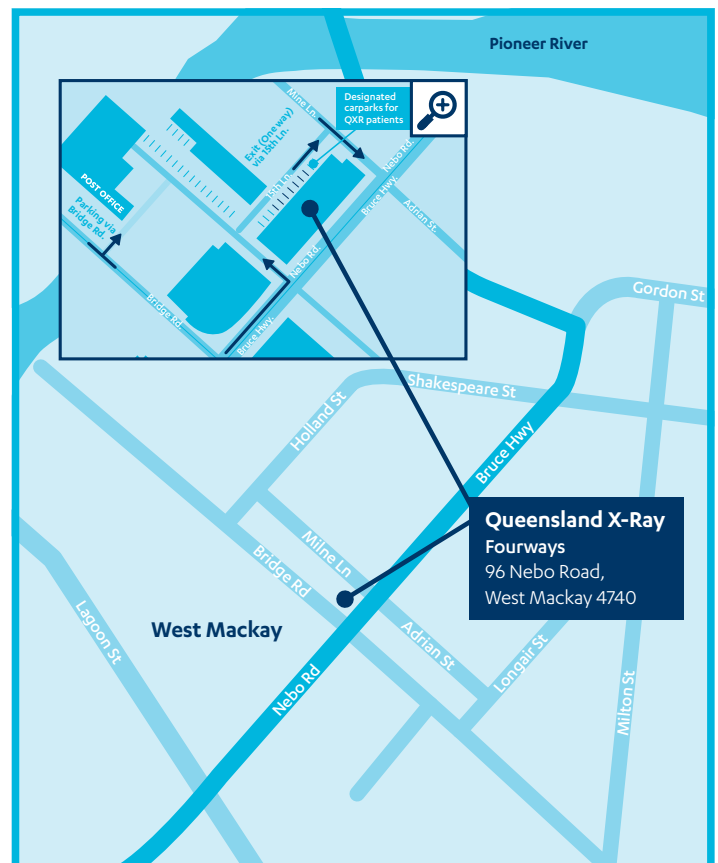
Saturday 9.00am - 12.00pm


**Opening Hours:**
**NORTHERN BEACHES**

Monday – Friday 8.00am - 5.00pm


**Opening Hours:**
**FOURWAYS**

Monday – Friday 7.00am - 5.30pm



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



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