

Patient Details

Date: _____ DOB: _____
 Name: _____ Medicare No: _____
 Address: _____ WorkCover Claim No: _____



**For bookings
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Brisbane	1300 781 926
Gold Coast	1300 183 988
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Townsville	4759 2800
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I confirm the patient is eligible to participate in the National Lung Cancer Screening Program (NLCSP)

Please tick:

- 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

 Any previous Chest CT Date and Provider (if known): _____
 Additional clinical notes: _____

Referring Practitioner's Details

Practitioner's Name: _____

Address: _____

Provider No: _____

Signature: _____

Copy to: _____

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

Internal Use Only		Yes	No
Pregnant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Front office check	<input type="checkbox"/>		
Patient identification verified	<input type="checkbox"/>		
Procedure and consent verified	<input type="checkbox"/>		
Correct side and site verified	<input type="checkbox"/>		

Correct patient data and side markers

Tech initials: _____

Team leader signature: _____


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My Appointment

Date: _____
 Time: _____
 Location: _____
 Other: _____

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BRISBANE PRACTICES
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GREENSLOPES PRIVATE HOSPITAL	Ph: 3421 0444
MATER PRIVATE HOSPITAL BRISBANE	Ph: 3840 6200
MATER HOSPITAL BRISBANE	Ph: 3212 9000
MATER PRIVATE HOSPITAL SPRINGFIELD	Ph: 3470 3000
QUEEN ELIZABETH II JUBILEE HOSPITAL	Ph: 3712 2500
ST VINCENT'S PRIVATE HOSPITAL BRISBANE	Ph: 3227 0000
SUNNYBANK PRIVATE HOSPITAL	Ph: 3347 2700
BAYSIDE (OPPOSITE REDLAND HOSPITAL)	Ph: 3488 5600
BEENLEIGH	Ph: 3382 4944
BOWEN HILLS	Ph: 3024 4600
BROWNS PLAINS	Ph: 3802 7605
CAPALABA	Ph: 3906 4700
CLEVELAND	Ph: 3826 6700
COORPAROO	Ph: 3456 3100
LOGANHOLME	Ph: 3380 7599
LOGAN CENTRAL	Ph: 3387 4888
LOGAN ROAD (GREENSLOPES)	Ph: 3394 5800
MOUNT GRAVATT	Ph: 3347 0400
SUNNYBANK MARKET SQUARE	Ph: 3722 8300
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HELENSVALE	Ph: 5563 5200
BROADBEACH	Ph: 5562 9000
SOUTHPORT	Ph: 5581 0900
AIRPORT CENTRAL	Ph: 5513 3700

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MATER PRIVATE HOSPITAL
FOURWAYS
Ph: 4965 6200
NORTHERN BEACHES
TOWNSVILLE PRACTICES
Ph: 4759 2800 or Email: townsville@qldxray.com.au
MATER PRIVATE HOSPITAL – PIMLICO
MATER PRIVATE HOSPITAL – HYDE PARK
DOMAIN CENTRAL
DOUGLAS – DISCOVERY RISE
Ph: 4759 2800
FAIRFIELD
**NORTH QUEENSLAND
COWBOYS STADIUM**
NEW LOCATION
NORTH SHORE
CAIRNS PRACTICES
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CAIRNS PRIVATE HOSPITAL (LEVEL 3)
LAKE STREET
Ph: 4046 7800
SMITHFIELD CAIRNS
WESTCOURT
TOOWOOMBA PRACTICES
Ph: 1300 770 151 or Email: toowoomba@qldxray.com.au
HIGHFIELDS
MEDICI MEDICAL CENTRE
RUSSELL STREET
Ph: 1300 770 151
SOUTH TOOWOOMBA
ST ANDREW'S HOSPITAL
ST VINCENT'S HOSPITAL
Ph: 4660 2800
WARWICK
**warwick@
qldxray.com.au**

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Printed on Supreme Laser which has the following environmental credentials:

