

Patient Details

Date: _____ DOB: _____ Medicare No: _____

Name: _____

Address: _____ Phone: _____



**For bookings
scan here**

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Diagnostic Request. 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 (NLCSP)

- ☐ **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**

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.

Myocardial Perfusion Studies (Nuclear Medicine) - 24 mths+ since prior MPS, age 17+

- 61329** ☐ The patient has symptoms of cardiac ischaemia; and one of the following applies:
☐ Stress echo unlikely to be adequate due to a) body habitus, including obesity, b) arrhythmia, including atrial fibrillation
☐ Unable to exercise to the extent required for a stress echo to provide adequate information
☐ Failed previous stress echo (in last 24 months)

- ☐ **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 diagram)



Referring Practitioner's Details

Practitioner's Name: _____

Address: _____

Date: _____

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: _____

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

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AIRPORT CENTRAL Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga	Ph: 5513 3700 Fax: 5513 3777				•		•	•	•	•	•	3D		•
BROADBEACH NEW LOCATION Ground Floor, 2681 Gold Coast Highway, Broadbeach	Ph: 5562 9000 Fax: 5562 9001				•			•	•					•
GOLD COAST PRIVATE HOSPITAL Ground Floor, 14 Hill Street, Southport	Ph: 5552 5700 Fax: 5563 3403	Sat & Sun			•		•	•	•	•		•	3D*	•
HELENSVALE GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale	Ph: 5563 5200 Fax: 5510 9096				•	•			•	•				•
SOUTHPORT Queen Street Village, Ground Floor, 127 Queen Street, Southport	Ph: 5581 0900 Fax: 5532 3983				•	•		•	•	•	•			•