Request form / Referral



Patient Details For bookings Date: DOB: Medicare No: scan here Name: qldxray.com.au/book-online Address: Phone: 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 MRI Person UNDER 16** Head - 63551** Head - 63507** Hip following prior radiology - 63516 □ Suspected septic arthritis □ Suspected Perthes disease Unexplained seizure Unexplained seizure ■ Unexplained chronic headache Unexplained headache with pathology ☐ Suspected slipped capital femoral epiphysis ☐ Paranasal sinus pathology unresponsive to therapy Spine - 63554** Elbow following prior radiology - 63519 For suspected cervical radiculopathy Spine following prior radiology - 63510** Suspected significant fracture or avulsion ☐ Significant trauma Spine - 63557** Wrist following prior radiology - 63522 ☐ Unexplained neck/back pain with neurological signs ☐ For suspected cervical spine trauma ☐ Suspected scaphoid fracture ☐ Unexplained back pain with significant pathology Knee inability to extend after acute trauma - 63560** (50 years and over not eligible) Knee - 63513** Inability to extend the knee suggesting the possibility of acute meniscal tear
 Clinical findings suggesting ACL tear ☐ 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 ☐ Male hypogonadism ☐ Female hypogonadism > 6mths before age 45 (please also tick description) ☐ Prolonged glucorticoid therapy (as per MBS) ☐ Conditions associated with excess glucocorticoid secretion **12306** 24 mths+ since prior BMD ☐ 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 (please also tick description) ☐ Monitoring osteoporosis proven by prior BMD 12315 24 mths+ since prior BMD ☐ Primary hyperparathyroidism ☐ Proven malabsorptive disorders (Crohns, Coeliac) (please also tick description) ☐ 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 ☐ Significant family history of Previous breast cancer Symptoms or indications of breast breast or ovarian cancer disease found on examination of the patient by a medical practitioner (indicate area on diagram) Practitioner's Name: Queensland X-ray Internal Use Only Address: Medical Imaging Final Check Yes No Pregnant Front Office Check Patient Identification verified

Referring Practitioner's Details

Date:
Signature:

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

Patient Identification verified

Procedure and consent verified

Correct side and site verified

Correct patient data and side markers

Tech initials:

Team leader signature:

qldxray.com.au





| Date: Time: Location: | | | | | | ETRY | | | | | | | | | | | |
|---|-------------|-------------------------------|-------------|-------|----------------------------|----------|-------------|-------|------------|------------------|---------------------|-------------|------------------|-------------------|------|--------|-----|
| | | | | | | ALOM | | | | | ÷ | ENCY | | | λ, | | |
| Location: | | NDS | | | OPG & LATERAL CEPHALOMETRY | <u>~</u> | ≽ | | 0 | ECHOCARDIOGRAPHY | NUCHAL TRANSLUCENCY | PHY | NUCLEAR MEDICINE | BONE DENSITOMETRY | | | |
| Other: | | OPEN WEEKENDS | EOS IMAGING | | _ATERA | OSCOF | ANGIOGRAPHY | Z | ULTRASOUND | SARDIC | AL TRA | MAMMOGRAPHY | AR ME | DENSIT | | | |
| For more information about your examination please visit qldxray.com.au | | | OPEN | EOSIM | X-RAY | OPG & I | FLUOROSCOPY | ANGIO | CT SCAN | ULTRA! | ЕСНОС | NUCH/ | MAMN | NUCLE | BONE | PET/CT | MRI |
| HOSPITAL PRACTICES | | | | | | | | | | | | | | | | | |
| GREENSLOPES PRIVATE HOSPITAL | Ph: | 3421 0444 | Cot | | | | | | | | | | 3D* | | | | |
| Lower Lobby Level, Newdegate Street, Greenslopes | | 3847 4455 | Sat | | • | • | • | | • | • | | | 30 | • | • | | • |
| MATER PRIVATE HOSPITAL BRISBANE Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane | | 3840 6200 3212 9078 | Sat & Sun | | • | | • | • | • | • | | | | • | | | • |
| MATER HOSPITAL BRISBANE | | 3212 9000 | | | • | | | • | • | • | | | | | | | • |
| LEVEL 4, 32 Raymond Terrace, South Brisbane MATER PRIVATE HOSPITAL SPRINGFIELD | | 3163 1850 3470 3000 | Sat | | | | | | | | _ | | 20* | | | | |
| Level 2, 30 Health Care Drive, Springfield | | 3470 3030 | AM | | • | • | <u>•</u> | | • | • | | • | 3D* | | • | | • |
| QUEEN ELIZABETH II JUBILEE HOSPITAL Kessels Road, Coopers Plains | | 3712 2500 3875 2866 | | | • | • | • | | • | • | • | | | | | | • |
| ST VINCENT'S PRIVATE HOSPITAL BRISBANE | | 3227 0000 | | | • | | • | | • | • | • | • | 3D* | | | | |
| Ground Floor, 411 Main Street, Kangaroo Point SUNNYBANK PRIVATE HOSPITAL | | 3392 1769 3347 2700 | Sat | | | | | | | | | | | | | | |
| Level 1, 245 McCullough Street, Sunnybank | | 3344 4987 | AM | | • | | • | | • | • | • | | | • | | | • |
| WOMEN'S CENTRES | | 2040 / 200 | | | | | | | | | | | | | | | |
| MATER WOMEN'S IMAGING CENTRE Level 6, Mater Private Clinic, 550 Stanley Street, South Brisbane | | 3840 6208 3844 4277 | | | | | | | | • | | • | 3D* | | • | | |
| SUNNYBANK WOMEN'S IMAGING CENTRE | | 3347 2755 | | | | | | | | • | | • | 3D* | | • | | |
| Suite 15, McCullough Centre 259 McCullough Street, Sunnybank PET/CT CENTRES | Fax: | 3345 2635 | | | | | | | | | | | | | | | |
| PET/CT CENTRE GREENSLOPES | Ph: | 3727 7320 | | | | | | | | | | | | | | | |
| Greenslopes Private Hospital, Lower Ground Level, Newdegate Street, Greenslopes | | 3727 7333 | | | | | | | | | | | | | | • | |
| PET/CT CENTRE MATER BRISBANE Level 3, Mater Private Medical Ctre, 293 Vulture Street, South Brisbane | | 3840 6200 3844 6203 | | | | | | | | | | | | | | • | |
| COMMUNITY PRACTICES | | | | | | | | | | | | | | | | | |
| BAYSIDE (OPPOSITE REDLAND HOSPITAL) Medical Hub, 16 Weippin Street, Cleveland | | 3488 5600 3286 1768 | Sat AM | | • | | | | • | • | | • | 3D | • | | | • |
| BEENLEIGH | | 3382 4944 | Sat | | | | | | | | | | | | | | |
| 105 City Road, Beenleigh | | 3287 4831 | AM | | • | | • | | • | • | | | | | • | | • |
| BOWEN HILLS 16 Thompson Street, Bowen Hills | | 3024 4600 3024 4666 | Sat AM | • | • | | | | • | • | • | • | | | • | | • |
| BROWNS PLAINS | | 3802 7605 | Sat | | • | | | | • | • | | | | | | | |
| 14 Grand Plaza Drive , Browns Plains CAPALABA | | 3809 2809 3906 4700 | AM | | | | | | | | | | | | | | |
| Rickey St, Capalaba | | 3823 4302 | | | • | • | | | • | • | • | | | | | | |
| CLEVELAND 43 Wynyard Street, Cleveland | | 3826 6700 3286 4057 | | | • | • | | | • | • | | | | | • | | |
| COORPAROO | Ph: | 3456 3100 | Sat | • | • | • | • | | • | | | | | | • | | • |
| 342 Old Cleveland Road, Coorparoo LOGANHOLME | | 3397 1120 3380 7599 | AM | | | | _ | | | | | | | | | | |
| 62 Bryants Road, Shailer Park | Fax: | 3801 4843 | | | • | • | | | • | • | | | | | | | |
| LOGAN CENTRAL Cnr Wembley & Kingston Roads (Service Road), Logan Central | Ph: Fax: | 3387 4888 3290 5655 | Sat AM | | • | | | | • | • | | • | | | | | • |
| LOGAN ROAD (GREENSLOPES) | Ph: | 3394 5800 | 7.071 | | • | • | | | • | • | | • | | | | | |
| 589 Logan Road, Greenslopes MOUNT GRAVATT | | 3847 9609 3347 0400 | Sat | | _ | · | | | Ť | _ | | _ | | | | | |
| 1437 Logan Road (access via Gowrie Street), Mount Gravatt | Fax: | 3347 0401 | AM | | • | | | | • | • | | | | • | | • | • |
| SUNNYBANK MARKET SQUARE (昆土蘭X光 MARKET SQUARE) Ground Floor, 309 Mains Road (cnr Elva Street), Sunnybank | | 3722 8300 3344 5287 | | | • | • | | | • | • | | | | | | | |
| TARINGA | | 3721 5300 | Sat | | | | | | | | | | 3D* | | | | _ |
| Westside Private Hospital, Ground Floor, 32 Morrow Street, Taringa | | 3721 5333 | AM | • | • | | | | • | • | | • | 30 | • | • | | • |
| WYNNUM 101 Clara Street, Wynnum | | 3900 4300 3348 7466 | Sat AM | | • | • | • | | • | • | • | • | 3D | | • | | • |
| GOLD COAST PRACTICES | | | | | | | | | | | | | | | | | |
| AIRPORT CENTRAL Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga | | 5513 3700 5513 3777 | | | • | | | • | • | • | | • | 3D | | • | | • |
| BROADBEACH NEW LOCATION | Ph: | 5562 9000 | | | • | | | | • | | | | | | | | • |
| Ground Floor, 2681 Gold Coast Highway, Broadbeach GOLD COAST PRIVATE HOSPITAL | | 5562 9001 5552 5700 | Sat & | | _ | | | | | | | | | | | | _ |
| Ground Floor, 14 Hill Street, Southport | | 5563 3403 | Sun | | • | | • | • | • | • | | • | 3D* | • | | | • |
| HELENSVALE GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale | | 5563 5200 5510 9096 | | | • | • | | | • | • | | Ī | | | | | • |
| SOUTHPORT | | 5581 0900 | | _ | | | | | | | | | | | | | |

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Fax: 5532 3983

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* Contrast Enhanced Mammography

Queen Street Village, Ground Floor, 127 Queen Street, Southport

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