## Request form / Referral



Team leader signature: .

| Patient Details                  | Date Name: Address: Medicare No: nostic Request | DOB: | Drs Peter Storey<br>Phelim Doyle<br>Emlyn Jones<br>Michael Curley<br>Nandan Srivastava<br>Nishani Atapattu<br>Priya Harish<br>Roger Mitchell                     |
|----------------------------------|---|------|--|
|                                  |   |      |  |
| Rea                              | on for referral and clinical history            |      |  |
| Follo                            | ow-up appointment with Referring Doctor:        |      |  |
| ner's Details                    | Practitioner's Name: Address:                   |      |  |
| Referring Practitioner's Details | Signature:  Copy to:                            |      | Internal Use Only Pregnant Front Office Check Patient Identification verified Procedure and consent verified Correct side and site verified Correct patient data |

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



| My Appointment   | Date: Time: Location: Other: For more information about your examination please visit of the company of the com | qldxray.com.au  | OPEN WEEKENDS | X-RAY | OPG | SCREENING – IVPs, BARIUM STUDIES | CT SCAN | ULTRASOUND | DUPLEX ULTRASOUND | ECHOCARDIOGRAPHY | MAMMOGRAPHY | NUCLEAR MEDICINE | BONE DENSITOMETRY | MRI | PET/CT |
|--|--|---|---------------|-------|-----|----------------------------------|---------|------------|-------------------|------------------|-------------|------------------|-------------------|-----|--------|
| HIGHFIELDS 73 Highfields Road, Highfields                                  |  |   |               | •     |     |                                  | •       | •          | •                 |                  |             |                  |                   |     |        |
| MEDICI MEDICAL CENTRE Ground Floor, 13-15 Scott Street, Toowoomba          |  | Ph: 1300 770 151  |               | •     |     |                                  | •       |            |                   |                  |             |                  |                   |     |        |
| RUSSELL STREET 127 Russell Street, Toowoomba                               |  | Fax: 1300 770 151<br>Fax: 1300 023 191<br>Email: toowoomba@         | <u> </u>      | •     | •   |                                  | •       | •          | •                 | •                | •           |                  | •                 |     |        |
| ST ANDREW'S HOSPITAL 280 North Street, Toowoomba                           |  | qldxray.com.a   | u             | •     |     | •                                | •       | •          | •                 |                  | •           | •                |                   | •   | •      |
| ST VINCENT'S HOSPITAL Entrance 6, Ground floor, Herries St, East Toowoomba |  | _   | Sat<br>AM     | •     | •   | •                                | •       | •          | •                 |                  |             | •                |                   | •   |        |
| WARWIC<br>51 Wood  | CK<br>Street, Warwick  | Ph: 4660 2800<br>Fax: 4661 1849<br>Email: warwick@<br>qldxray.com.a | u             | •     | •   |                                  | •       | •          | •                 |                  |             |                  |                   |     |        |

AFTER HOURS PLEASE CALL - (07) 4659 4500.

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/

**DOWNLOAD THE QXR PATIENT APP** 





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