# Request form / Referral



qldxray.com.au

Date:  Address:	DOB: Medicare No:  Phone:		For all appointments Ph: 4965 6200 Fax: 4942 7506 Email: mackay@qldxray.com.au
Address.	riiolle.		
Diagnostic Request			
Reason for referral and clinical	history		
MRI Person OVER 16	s are below. Please tick which items apply.  MRI Person UNDER 16		
Head - 63551**	Head - 63507**		Hip following prior radiology - 63516
☐ Unexplained seizure	☐ Unexplained seizure	ala au	☐ ? septic arthritis ☐ ? Perthes disease
☐ Unexplained chronic headache  Spine - 63554**	☐ Unexplained headache with path ☐ Paranasal sinus pathology unresp		<ul><li>? slipped capital femoral epiphysis</li><li>Elbow following prior radiology - 63519</li></ul>
? cervical radiculopathy	Spine following prior radiology -	63510**	? fracture or avulsion
Spine - 63557**	□ ? significant trauma □ ? unexplained neck/back pain wi	th neurological signs	Wrist following prior radiology - 63522
? cervical spine trauma	$\ \square$ ? unexplained back pain with sign	nificant pathology	☐ ? scaphoid fracture
☐ ? ACL tear ☐ ? Menisca	ute trauma - 63560**  * (*50 years and over not eligible) (**3 serv il tear	rices per 12 months)	Knee - 63513**  ☐ ? internal derangement
Ultrasound Shoulder - 55864	<ul> <li>? acromioclavicular joint pathology</li> <li>? injury to tendon, muscle or tendon/muscle junction inc</li> <li>? rotator cuff tears/calcification/tendinosis of bicep subsc supraspinatus or infraspinatus</li> </ul>	l tears  capular	trasound Knee - 55880 ? abnormality tendon/ bursae  collateral ligament inju? meniscal / popliteal fossa cysts/ mass/pseudomass Nerve entrapment, nerve or nerve sheath tumour
BMD - subject to Medicare criteri			
<b>12321</b> ☐ 12 mths+ since prior BMD <b>12320</b> ☐ First BMD, age 70+	<ul> <li>12 mths since significant change in therapy</li> <li>5 years since prior BMD, age 70 years+ with no t</li> </ul>	o mild actoopopia (T. cor	ora O to 15) on prior PMD
<b>12312</b>			
(please also tick description)	☐ Prolonged glucorticoid therapy (as per MBS)	☐ Conditions as	sociated with excess glucocorticoid secretion
<b>12306</b> □ 24 mths+ since prior BME (please also tick description)		☐ Scans 2 years+	with Z score -1.50 or lower, or a T score -2.50 or lower
12315 24 mths+ since prior BME	Primary hyperparathyroidism	☐ Proven malab	sorptive disorders (Crohns, Coeliac) orthritis
· ·	,		
(please also tick description)	D. Age 70+ and has moderate to marked osteopenia (T–score -1.5	to -2.5) on prior scan.	
(please also tick description)  12322	D. Age 70+ and has moderate to marked osteopenia (T–score -1.5  t - may include mammogram, ultrasound, biopsy.  Mammography only	to -2.5) on prior scan.  Please indicate area of	suspicion on diagram
(please also tick description)  12322	<b>t</b> - may include mammogram, ultrasound, biopsy.		suspicion on diagram
(please also tick description)  12322	<b>t</b> - may include mammogram, ultrasound, biopsy.		suspicion on diagram  Queensland X-ray Internal Use Only
(please also tick description)  12322	<b>t</b> - may include mammogram, ultrasound, biopsy.		
(please also tick description)  12322	<b>t</b> - may include mammogram, ultrasound, biopsy.		Queensland X-ray Internal Use Only  Medical Imaging Final Check  Pregnant  —
(please also tick description)  12322	<b>t</b> - may include mammogram, ultrasound, biopsy.		Queensland X-ray Internal Use Only  Medical Imaging Final Check  Yes No
(please also tick description)  12322	<b>t</b> - may include mammogram, ultrasound, biopsy.		Queensland X-ray Internal Use Only  Medical Imaging Final Check Pregnant Front Office Check Patient Identification verified Procedure and consent verified
(please also tick description)  12322	<b>t</b> - may include mammogram, ultrasound, biopsy.		Queensland X-ray Internal Use Only  Medical Imaging Final Check Pregnant Front Office Check Patient Identification verified Procedure and consent verified Correct side and site verified
(please also tick description)  12322	<b>t</b> - may include mammogram, ultrasound, biopsy.		Queensland X-ray Internal Use Only  Medical Imaging Final Check Pregnant Front Office Check Patient Identification verified Procedure and consent verified

10/2

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



Date:

Time:

Location:

Other:

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

SONE BEAM

JLTRASOUND

**NUCHAL TRANSLUCENCY** DUPLEX ULTRASOUND MAMMOGRAPHY

**BONE DENSITOMETRY NUCLEAR MEDICINE** 

## HOSPITAL PRACTICE

MATER PRIVATE HOSPITAL	Ph: 4965 6200													
76 Willetts Road, North Mackay	Fax: 4942 7506		•		•	•	•	•	•	•	3D	•		•
COMMUNITY PRACTICES														
FOURWAYS	Ph: 4965 6200			•				•					•	•
96 Nebo Road, West Mackay	Fax: 4942 7506	•	•		•		•							
NORTHERN BEACHES	Ph: 4959 6300													
1 Carl Street, Rural View	Fax: 4959 6333		•				•	•						

### **Opening Hours:**

#### MATER PRIVATE HOSPITAL Monday – Friday 8.00am - 5.00pm Saturday 9.00am - 12.00pm

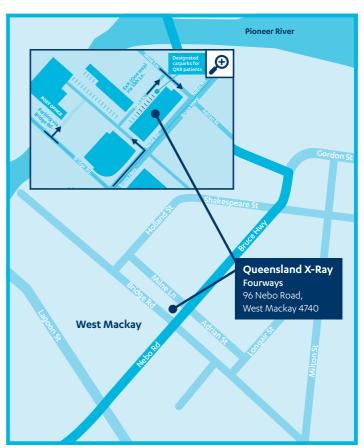


## **Opening Hours:**



## Opening Hours:





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/

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