Request form / Referral

QueenslandXRay

Patient Details

Date: DOB: Medicare No:

Name:

Address: Phone:

For bookings scan here

qldxray.com.au/book-online

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

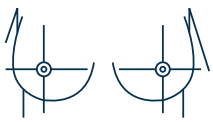
I confirm the patient is eligible to participate in the National Lung Cancer Screening Program (NLCSP)

- ☐ **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 ☐ Prolonged glucorticoid therapy (as per MBS)	☐ Female hypogonadism > 6mths before age 45 ☐ Conditions associated with excess glucocorticoid secretion
12306	☐ 24 mths+ since prior BMD (please also tick description)	☐ 1 or more fractures after minimal trauma ☐ Monitoring osteoporosis proven by prior BMD	☐ Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower
12315	☐ 24 mths+ since prior BMD (please also tick description)	☐ Primary hyperparathyroidism ☐ Conditions associated with thyroxine excess	☐ Proven malabsorptive disorders (Crohns, Coeliac) ☐ 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.		

- ☐ **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:

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	☐	☐
Front Office Check	☐	
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

QueenslandXRay

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My Appointment

Date:

Time:

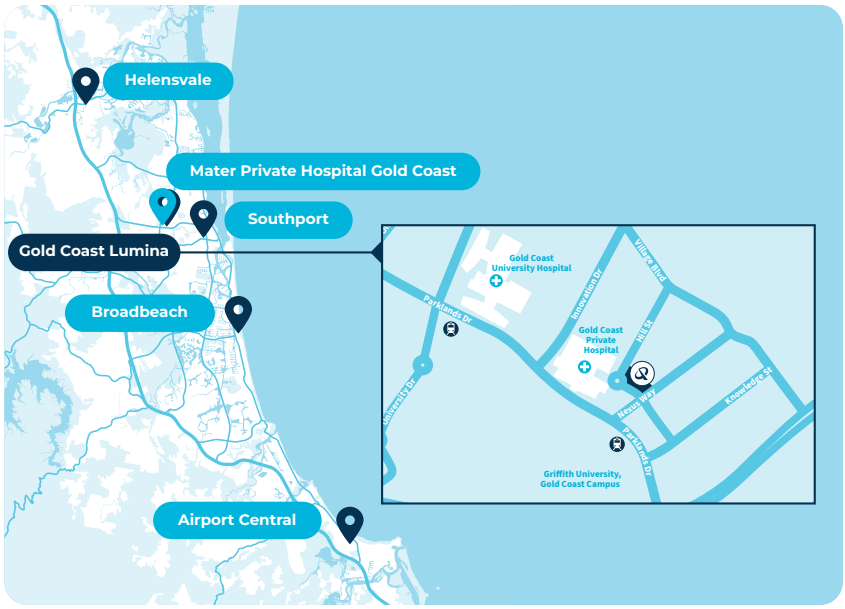
Location:

Other:

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

	OPEN WEEKENDS	X-RAY	DENTAL IMAGING	FLUOROSCOPY	ANGIOGRAPHY	CT SCAN	INTERVENTIONAL CT	ULTRASOUND	INTERVENTIONAL ULTRASOUND	CARDIAC CT	ECHOCARDIOGRAPHY	PREGNANCY IMAGING	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET-CT
AIRPORT CENTRAL Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga Ph: 5513 3700 Email: gcairport@qldxray.com.au		•	•			•	•	•	•	•		•	3D*		•	•	
BROADBEACH Ground Floor, 2681 Gold Coast Highway, Broadbeach Ph: 5562 9000 Email: broadbeach@qldxray.com.au		•	•			•	•	•	•			•				•	
GOLD COAST LUMINA NEW LOCATION RDX Lumina, Ground Floor, 23 Nexus Way, Southport Ph: 5503 4000 Email: gclumina@qldxray.com.au		•				•	•	•	•			•				•	•
HELENSVALE GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale Ph: 5563 5200 Email: helensvale@qldxray.com.au		•	•			•	•	•	•			•				•	
MATER PRIVATE HOSPITAL GOLD COAST Ground Floor, 14 Hill Street, Southport Ph: 5552 5700 Email: gcph@qldxray.com.au	Sat & Sun	•	•	•	•	•	•	•	•	•		•	3D*	•		•	
SOUTHPORT Queen Street Village, Ground Floor, 127 Queen Street, Southport Ph: 5581 0900 Email: southport@qldxray.com.au		•	•			•	•	•	•		•	•			•	•	

For bookings
Ph: 1300 183 988
Fax: 07 5581 0922
Email: gcbookings@qldxray.com.au



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* Contrast Enhanced Mammography

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Your doctor has recommended you use Queensland X-Ray. You may choose another provider but please discuss this with your doctor first.

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