

**Patient Details**

**Date:**

Name:

DOB:

Address:

Medicare No:

Serum Creatinine Level:

eFGR:

**Diagnostic Request**

**Reason for referral and clinical history**

Drs Alan Boles  
Peter Brookfield  
Tyson Reeve  
Charlotte Slaney  
Monika Joshi  
Alister Darveniza  
Dougal Brown  
Solokara Karunaratne  
Sam Smith

**Centralised Appointments  
and Enquiries**

Ph: (07) 4759 2800

Fax: (07) 4775 6460

Email: [Townsville@qldxray.com.au](mailto:Townsville@qldxray.com.au)

**Mater Private Hospital  
– Pimlico**

Mercy Centre, 25 Fulham Road  
(Via Diprose St), Pimlico

**Mater Private Hospital  
– Hyde Park**

9-13 Bayswater Road, Hyde Park

**Domain Central**

Shop 21A Building I  
103 Duckworth Street, Garbutt

**Douglas – Discovery Rise**

Ground Floor, Clinical Practice  
Building, James Cook Drive,  
Douglas

**Fairfield**

Homemaker Centre  
Shop 9, 1 Darcy Drive, Idalia

**North Shore**

7/50 North Shore Boulevard,  
Burdell

**Women's Imaging Townsville**

4th Floor, Clinical Practice  
Building, James Cook Drive,  
Douglas

**Follow-up appointment with Referring Doctor:**

**Referring Practitioner's Details**

Practitioner's Name:

Address:

Signature: \_\_\_\_\_

Copy to: \_\_\_\_\_

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

**Internal Use Only**

|                                 | 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: \_\_\_\_\_

**My Appointment**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Other: \_\_\_\_\_

For more information about your examination please visit [qldxray.com.au](http://qldxray.com.au)

**PLEASE NOTE: Bookings are required for all examinations except for plain x-rays.**

**HOSPITAL BASED PRACTICES (FOR COMPLEX AND INTERVENTIONAL PROCEDURES)**
**MATER PRIVATE HOSPITAL – PIMLICO**

Mercy Centre, 25 Fulham Road (Via Diprose St), Pimlico

**Ph: 4759 2800**

Fax: 4775 6460

Email: [Townsville@qldxray.com.au](mailto:Townsville@qldxray.com.au)

**MATER PRIVATE HOSPITAL – HYDE PARK**

Ground Floor, 9-13 Bayswater Road, Hyde Park

|               | PLAIN X-RAY | OPG | LATERAL CEPHALOMETRY | FLUOROSCOPY | CT CARDIAC ANGIOGRAPHY | CT SCAN | ULTRASOUND | DUPLEX ULTRASOUND | ECHOCARDIOGRAPHY | EOS | MAMMOGRAPHY | NUCLEAR MEDICINE | BONE DENSITOMETRY | MRI | PET/CT |
|---------------|-------------|-----|----------------------|-------------|------------------------|---------|------------|-------------------|------------------|-----|-------------|------------------|-------------------|-----|--------|
| OPEN WEEKENDS |             |     |                      |             |                        |         |            |                   |                  |     |             |                  |                   |     |        |
| Sat 9am – 4pm | •           | •   | •                    | •           | •                      | •       | •          | •                 | •                |     | 3D          | •                |                   | •   |        |
| Sun 9am – 4pm | •           |     |                      | •           |                        | •       | •          | •                 | •                |     |             | •                | •                 |     | •      |

**COMMUNITY PRACTICE**
**DOMAIN CENTRAL**

Shop 21A Building I, Domain Central, 103 Duckworth Street, Garbutt

**DOUGLAS – DISCOVERY RISE**

Ground Floor, Clinical Practice Building, James Cook Drive, Douglas

**Ph: 4759 2800**

Fax: 4775 6460

Email: [Townsville@qldxray.com.au](mailto:Townsville@qldxray.com.au)

**FAIRFIELD**

Homemaker Centre, Shop 9, 1 Darcy Drive, Idalia

**NORTH SHORE**

7/50 North Shore Boulevard, Burdell

**WOMEN'S IMAGING TOWNSVILLE**

4th Floor, Clinical Practice Building, James Cook Drive, Douglas

|  |   |   |   |   |   |   |   |   |  |   |    |  |  |  |   |
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|  | • | • | • | • | • | • | • | • |  | • |    |  |  |  | • |
|  | • | • | • |   |   | • | • | • |  |   |    |  |  |  |   |
|  | • | • |   |   |   | • | • | • |  |   |    |  |  |  |   |
|  |   |   |   |   |   |   | • |   |  |   | 3D |  |  |  |   |

**FOR AFTER HOURS EMERGENCY IMAGING, PLEASE CONTACT 4759 2800.**

**PATIENT PREPARATION**
**DIAGNOSTIC X-RAYS:**

**BARIUM MEAL:** Nothing to eat, drink or smoke for 8 hours prior to examination.

**BARIUM ENEMA/SMALL BOWEL SERIES:** Bowel preparation kit with clear directions will be supplied for each examination. The aim of this kit will be to thoroughly clear the bowel prior to the examination. (Kit available from all practices.)

**MAMMOGRAPHY:** For patient comfort ideally not performed within 10 days prior to menstruation. No talcum powder or deodorant in the breast or underarm area. Please bring any relevant breast imaging performed outside of Queensland XRay.

**ULTRASOUND:**

**PREGNANCY OR PELVIC:** MUST HAVE A FULL BLADDER AT APPOINTMENT TIME.

Drink 1 litre of water 1 hour before study. MUST NOT empty bladder.

**UPPER ABDOMEN:** Nothing to eat, smoke or drink (water allowed) for 6 hours prior to appointment.

**THYROID OR BREAST:** No preparation.

**DUPLEX CAROTID, DUPLEX LEG ARTERIAL, LEG VEINS (DVT, FCVI), PENILE DOPPLER:** No preparation.

**RENAL ARTERIES, ABDOMINAL DOPPLER:** 6 hour fast, no smoking.

**CT SCAN:**

**ABDOMEN/PELVIS:** Fast for 4 hours prior to examination, remaining well hydrated over the 4 hours. Drink 1 litre of water in the hour before your appointment. Void freely.

**ALLERGY TO IODINATED CONTRAST:**

To reduce the small risk of allergic-type reaction to contrast media, we use only non-ionic contrast for all intravenous injections. However, where a significant allergic-type reaction has previously occurred, it may be necessary to use a preparation over 13 hours using oral steroids and antihistamine. This can be organised at our hospital practices through our nurse.

**NUCLEAR MEDICINE SCAN: Please bring previous relevant imaging.**

Restrictions apply for pregnant and breast feeding patients. Please contact practice for details.

**BONE:** Ensure hydration. Patient may leave department during 2-3 hour break between first and second part of bone scan. No barium 1 week prior to scan.

**RENAL DTPA/MAG3:** Drink 1 litre of clear fluid 1 hour prior to scan. Void freely. No diuretics day of scan.

**RENAL DTPA/MAG3 WITH CAPTOPRIL:** As above. Cease ACE inhibitors 3-7 days prior, depending on drug. Check with practice. Other antihypertensives may be substituted.

**THYROID:** No iodinated contrast for 4-6 weeks prior to scan. If on thyroid medication, please check with practice.

**GALLIUM:** 3-4 day study. Normal diet. No barium studies for 1 week prior to examination. No oral contrast during study. Ensure daily bowel movement during study.

**HEPATOBIILIARY/HIDA SCAN:** Nil by mouth from midnight prior to the examination. This includes smoking. No barium studies for 1 week prior to examination. Cease opiates 24 hours prior to scan.

**LIVER/SPLEEN:** No preparation. No barium studies for 1 week prior to examination.

**G.I. BLEEDING:** No preparation. No barium or oral contrast for 1 week prior to examination.

**BRAIN SPECT, GATED HEART POOL SCAN, LUNG SCAN:** No preparation.

**MYOCARDIAL PERFUSION WITH THALLIUM and/or MIBI:** Nil by mouth from midnight. Cease caffeine 1 day prior. Various drug and dietary restrictions may apply. Information sheets are available from the practice and will be given at the time of booking.

For other Nuclear Medicine procedures please contact our Hyde Park practice.

**PET/CT:**

Patients will receive detailed information at time of booking.

**BONE DENSITOMETRY:**

No preparation required. Not to be performed for 72 hours after a Nuclear Medicine Study, not for 1 week after a Barium Study. Not performed during pregnancy.

**MAGNETIC RESONANCE IMAGING:**

Preparation may be required for certain studies relating to the abdomen or pelvis. Detailed questionnaire to be completed at the time of booking to ensure patient safety. Cardiac pacemakers, aneurysm clips and other surgically implanted devices may not be MRI compatible. Please mention to our staff at the time of booking if you suffer from claustrophobia. Jewellery and piercings to be removed prior to scan. Metal implants in the anatomical area of scanning may degrade images.

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/](http://qldxray.com.au/patients/results-portal/)

DOWNLOAD THE QXR PATIENT APP



Queensland X-Ray stores your images for FIVE years. Visit us for all your medical imaging and create a complete and highly secure five-year electronic radiology record which your doctor can access 24/7.

Please ask our team about our concessions for health care and pensioner concession card holders.

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