

Patient Details

Date: _____ DOB: _____ Medicare No: _____
 Name: _____
 Address: _____ Phone: _____

Diagnostic Request

Reason for referral and clinical history

GP Medicare rebateable studies are below. Please tick which items apply.

MRI Person OVER 16

Head - 63551**

- Unexplained seizure
- Unexplained chronic headache

Spine - 63554**

- ? cervical radiculopathy

Spine - 63557**

- ? cervical spine trauma

Knee inability to extend after acute trauma - 63560 * (*50 years and over not eligible) (**3 services per 12 months)**

- ? ACL tear
- ? Meniscal 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

- ? septic arthritis
- ? Perthes disease
- ? slipped capital femoral epiphysis

Elbow following prior radiology - 63519

- ? fracture or avulsion

Wrist following prior radiology - 63522

- ? scaphoid fracture

Knee - 63513**

- ? internal derangement

Ultrasound Shoulder - 55864

- ? bicep subluxation
- ? capsulitis / bursitis
- ? ganglion occult fracture
- ? acromioclavicular joint pathology
- ? injury to tendon, muscle or tendon/muscle junction incl tears
- ? rotator cuff tears/calcification/tendinosis of bicep subscapular supraspinatus or infraspinatus

Ultrasound Knee - 55880

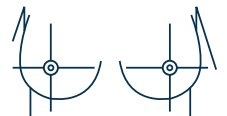
- ? abnormality tendon/ bursae
- collateral ligament injury
- ? meniscal / popliteal fossa cysts/ mass/pseudomass
- Nerve entrapment, nerve or nerve sheath tumour

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 glucocorticoid 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.
- Breast US only** **Mammography only**

Please indicate area of suspicion 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	<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:	_____	

For all appointments and enquiries:

Phone: 1300 183 988

Fax: 07 5581 0922

Email: gcbookings@qldxray.com.au

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	DUPLEX ULTRASOUND	CARDIAC CT	ECHOCARDIOGRAPHY	PREGNANCY IMAGING	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI
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GOLD COAST PRIVATE HOSPITAL

Ground Floor, 14 Hill Street, Southport
Ph: 5552 5700

HELENSVALE

GC North Medical Hub - Homeworld Helensvale,
502 Hope Island Road, Helensvale
Ph: 5563 5200

SOUTHPORT

128 Queen Street, Southport
(Moving soon to: Ground Floor, Tenancy 1
127 Queen Street, Southport QLD 4215)
Ph: 5581 0900

AIRPORT CENTRAL

Ground Floor, F11-F16, Airport Central, 1 Eastern Avenue, Bilinga
Ph: 5513 3700

For bookings and appointments

Ph: 1300 183 988

Fax: 07 5581 0922
Email: gcbookings@qldxray.com.au

Sat & Sun	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
N/A	•	•			•	•	•	•	•			•				•*
N/A	•	•			•	•	•	•	•		•	•			•	•
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*Coming Soon

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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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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