

Patient Details

Date: _____ DOB: _____ Medicare No: _____

Name: _____

Address: _____ Phone: _____

For all appointments

Ph: 4046 7800

Fax: 4051 3028

Email: cairns@qldxray.com.au

Book Online: www.qldxray.com.au

Phones open: 7am-9pm Mon to Fri
8am-4pm Sat & Sun

Diagnostic Request. Reason for referral and clinical history. (X-Ray, CT, US, Nuclear Medicine Bulk Billed)*

GP Medicare rebateable studies and guided injection options below. For BMD criteria see over page. 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)

- ☐ ? 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

Image Guided Injections - please tick options below. The Radiologist will determine the best modality to use based on the clinical indication.

Facets, side ☐ Left ☐ Right

- ☐ Levels _____

Nerve roots, side ☐ Left ☐ Right

- ☐ Levels _____

Epidural steroid injection

- ☐ Level _____

Elbow, side ☐ Left ☐ Right

- ☐ Common extensor origin ☐ Elbow joint
☐ Olecranon bursa ☐ Other _____

Wrist, side ☐ Left ☐ Right

- ☐ Carpal tunnel ☐ Scapholunate joint
☐ APL/EPB (De Quervain's) ☐ Other _____

Shoulder, side ☐ Left ☐ Right

- ☐ Bursa ☐ Glenohumeral joint
☐ Acromioclavicular joint

Knee, side ☐ Left ☐ Right

- ☐ Joint ☐ Other _____

Hip, side ☐ Left ☐ Right

- ☐ Trochanteric bursa ☐ Hip joint
☐ Other _____

Ankle/foot, side ☐ Left ☐ Right

- ☐ Talocrural joint ☐ Subtalar joint
☐ Morton's neuroma ☐ Plantar fascia
☐ Achilles

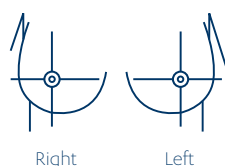
I confirm the patient is eligible to participate in the National Lung Cancer Screening Program (NLCSP)

- ☐ 57410 Low-dose CT scan of chest for NLCSP - Initial

- ☐ 57413 Low-dose CT scan of chest for NLCSP - Follow-up

- ☐ 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 a diagram)



Right

Left

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: _____

Ultrasound Shoulder - 55864

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

BMD - subject to Medicare criteria (Please tick box below)

12321	<input type="checkbox"/> 12 mths+ since prior BMD. 12 mths since significant change in therapy		
12320	<input type="checkbox"/> First BMD, age 70+	<input type="checkbox"/> 5 years since prior BMD, age 70 years+ with no to mild osteopenia (T-score 0 to -1.5) on prior BMD	
12312	<input type="checkbox"/> 12 mths+ since prior BMD (please also tick description)	<input type="checkbox"/> Male hypogonadism <input type="checkbox"/> Prolonged glucocorticoid therapy (as per MBS)	<input type="checkbox"/> Female hypogonadism > 6mths before age 45 <input type="checkbox"/> Conditions associated with excess glucocorticoid secretion
12306	<input type="checkbox"/> 24 mths+ since prior BMD (please also tick description)	<input type="checkbox"/> 1 or more fractures after minimal trauma <input type="checkbox"/> Monitoring osteoporosis proven by prior BMD	<input type="checkbox"/> Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower
12315	<input type="checkbox"/> 24 mths+ since prior BMD (please also tick description)	<input type="checkbox"/> Primary hyperparathyroidism <input type="checkbox"/> Conditions associated with thyroxine excess	<input type="checkbox"/> Proven malabsorptive disorders (Crohns, Coeliac) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Chronic liver / renal disease
12322	<input type="checkbox"/> 24 mths+ since prior BMD. Age 70+ and has moderate to marked osteopenia (T-score -1.5 to -2.5) on prior scan.		

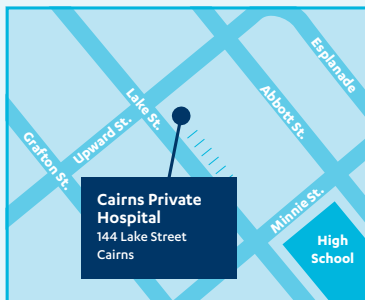
QUEENSLAND X-RAY LOCATIONS

For all appointments

Ph: 4046 7800
Fax: 4051 3028
Email: cairns@qldxray.com.au

Phones open:

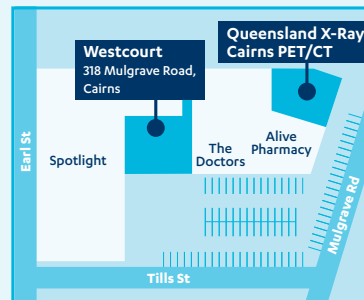
7am-9pm Mon to Fri
8am-4pm Sat & Sun



CAIRNS PRIVATE HOSPITAL

Level 3, 144 Lake Street
Cairns

New additional free parking is now available on Lake Street, next to Cairns Baptist Church



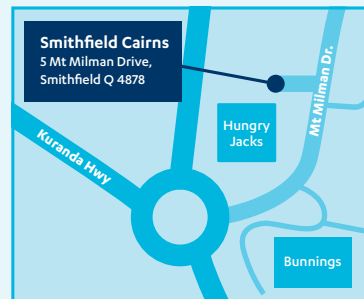
WESTCOURT AND PET/CT CENTRE

318 Mulgrave Road
Cairns



LAKE STREET

189 Lake Street
Cairns



SMITHFIELD CAIRNS

5 Mt Milman Drive
Smithfield

ONSITE PARKING AT ALL LOCATIONS.

Access your images and results online.

For more information, please visit <https://www.qldxray.com.au/patients/online-access-patient-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.

* When Medicare eligible

**3 services per 12 months

Queensland X-Ray Pty Ltd and Queensland X-Ray Hospital Partnership No 23 trading as Queensland X-Ray (a registered business name of Queensland X-Ray Pty Ltd ABN 40 094 502 208). 7025B 05/25

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

Printed on Supreme Laser which has the following environmental credentials:

