

For bookings call **1300 183 988**

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. (**3 services per 12 months)

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

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

BMD - subject to Medicare criteria

12321 ☐ 12 mths+ since prior BMD. 12 mths since significant change in therapy12320 ☐ 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 BMD12312 ☐ 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 secretion12306 ☐ 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 lower12315 ☐ 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 disease12322 ☐ 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	<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

AIRPORT CENTRAL

Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga
Ph: 5513 3700 Email: gcairport@qldxray.com.au

BROADBEACH NEW LOCATION

Ground Floor, 2681 Gold Coast Highway, Broadbeach
Ph: 5562 9000 Email: broadbeach@qldxray.com.au

GOLD COAST PRIVATE HOSPITAL

Ground Floor, 14 Hill Street, Southport
Ph: 5552 5700 Email: gcph@qldxray.com.au

HELENSVALE

GC North Medical Hub - Homeworld Helensvale,
502 Hope Island Road, Helensvale
Ph: 5563 5200 Email: helensvale@qldxray.com.au

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

	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
AIRPORT CENTRAL		•	•			•	•	•	•	•		•	3D		•	•
BROADBEACH		•	•			•	•	•	•			•				•
GOLD COAST PRIVATE HOSPITAL	Sat & Sun	•	•	•	•	•	•	•	•	•		•	3D*	•		•
HELENSVALE		•	•			•	•	•	•			•				•
SOUTHPORT		•	•			•	•	•	•	•	•	•			•	•

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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.

* 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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