

REQUEST FOR ELECTRONIC IMAGE TRANSFER

Contact support: 1800 779 977
 qxrimagettransfer@sonichealthcare.com.au

* MANDATORY FIELDS

I certify that the studies requested below are required for the ongoing clinical management of the patient indicated and disclosure of this information is not contrary to their wishes.

AUTHORISATION

Name: * Department:
 Phone: * Email Address: *
 Date Requested: Date Required:
 Signature:
 (ONLY REQUIRED IF FORM IS FAXED. NOT REQUIRED IF EMAILED)

PATIENT

Patient Name: DOB:
 Patient ID / MRN: Hospital:



MANDATORY FOR INBOUND TRANSFERS
 Form must be sent to both Queensland X-Ray and the institution where the study was performed.

Make study available in Queensland X-Ray WEB PACS* Yes No
 Study to be reviewed by: * Dr

IMAGE TRANSFER

Imaging From: *
 Other:
 (ORIGINATING SITE - PLEASE CHOOSE CAREFULLY)
 Imaging To: *
 Other:
 (DESTINATION SITE - PLEASE CHOOSE CAREFULLY)

STUDY DETAILS (IF KNOWN)

PROCEDURE NAME	DATE OF EXAM

IMAGE TRANSFER

Please ensure a copy of this form is received by both origin and destination sites. If this does not occur, the transfer will not take place.

QLD X-Ray All Sites	FAX: 3377 1918	Redcliffe Hospital	FAX: 3883 7525
Townsville Hospital	FAX: 4433 1565	TPCH	FAX: 3139 4253
RBWH	FAX: 3646 6394	Mackay Hub	FAX: 4885 5289
Gold Coast Hub	FAX: 5687 4197	Cairns Hospital	FAX: 4226 6719
PAH	FAX: 3176 7357	Roma Hub	FAX: 4624 2822
Toowoomba Hub	FAX: 4616 6984	Mater Adults	FAX: 3163 7050
QCH	FAX: 3068 3009	Hervey Bay Hub	FAX: 4325 6796
Redlands Hospital	FAX: 3488 3181	Ipswich Hospital	FAX: 3810 1765
Rockhampton Hub	FAX: 4920 6346	Nambour Hub	FAX: 5202 2155
Logan Hospital	FAX: 3089 6461	Southcoast Radiology	EMAIL: images@scr.com.au
Imaging Queensland	EMAIL: images@imagingqueensland.com.au	Apex/GDA	EMAIL: apex-rispcs@idxgroup.com.au
Longreach Hub	FAX: 4658 4739		