Request form / Referral



Patient Details	Date:	DOB:	Medicare No:	
at D	Name:			
Patie	Address:		Phone:	
Diag	nostic Request			
Reas	son for referral and clinical hi	story		
GP N	Aedicare rebateable studies a	re below. Please tick which	items apply.	
MRI	Person OVER 16	MRIF	Person UNDER 16	
🗆 U	d - 63551** Jnexplained seizure Jnexplained chronic headache		- 63507** nexplained seizure nexplained headache with pathology	Hip following prior radiology - 63516 ? septic arthritis ? Perthes disease ? slipped capital femoral epiphysis
Spin	e - 63554**	🗆 Pa		
			iranasal sinus pathology unresponsive to therapy	Elbow following prior radiology - 63519
□ ?	cervical radiculopathy		iranasal sinus pathology unresponsive to therapy • following prior radiology - 63510** significant trauma	Elbow following prior radiology - 63519

and the second sec	(Amo 1	-	
Knee inability to extend after acute trauma - 63560** *	(*50 years and over not eligible)	(***3 services	per 12 months)

□ ? acromioclavicular joint pathology

supraspinatus or infraspinatus

□ ? injury to tendon, muscle or tendon/muscle junction incl tears

□ ? rotator cuff tears/calcification/tendinosis of bicep subscapular

Knee - 63513**

Ult	rasoun	d Knee -	558	80	
_	0.1	1		7.1	_

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

Procedure and consent verified Correct side and site verified Correct patient data and side markers Tech initials:

Team leader signature:

BMD - sul	oject to Medicare criteria		
12321 🗆	12 mths+ since prior BMD. 12 mths sin	ce significant change in therapy	
12320 🗆	First BMD, age 70+	5 years since prior BMD, age 70 years+ with no to	o mild osteopenia (T-score 0 to -1.5) on prior BMD
12312 🗆	12 mths+ since prior BMD (please also tick description)	Male hypogonadismProlonged glucorticoid 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 traumaMonitoring 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 hyperparathyroidismConditions associated with thyroxine excess	 Proven malabsorptive disorders (Crohns, Coeliac) Rheumatoid arthritis Chronic liver / renal disease
12322 🗆	24 mths+ since prior BMD. Age 70+ a	nd has moderate to marked osteopenia (T–score -1.5 t	to -2.5) on prior scan.
	: Diagnostic Assessment - may inclu : US only	ude mammogram, ultrasound, biopsy. Mammography only	Please indicate area of suspicion on diagram

		オ
Practitioner's Name:		
Ø	Queensland X-ray Internal Use	Only
Address:	Medical Imaging Final Check	Yes 1
	Pregnant	
er's	Front Office Check	
5	Patient Identification verified	

Practitio	
keferring	Signature:

ACL tear

Ultrasound Shoulder - 55864 ? bicep subluxation

□ ? ganglion occult fracture

? capsulitis / bursitis

? Meniscal tear

Copy to: Thank you for referring your patient to Queensland X-ray.



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My Appointment	Date: Time: Location: Other: For more information about your examination please visit qldxray.com.au OOMBA AND DARLING DOWNS LOCATIONS			X-RAY	EOS IMAGING	DPO	SCREENING – IVPs, BARIUM STUDIES	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	ECHOCARDIOGRAPHY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET/CT
HIGHFIE				•				•	•	•	•					
MEDICI	MEDICAL CENTRE Floor, 13-15 Scott Street, Toowoomba	Ph: 1300 770 151		•	•			•								
RUSSELL STREET File: ISOO //O ISI 127 Russell Street, Toowoomba Fax: 1300 023 191 ST ANDREW'S HOSPITAL Email: toowoomba@ gldxray.com.au 280 North Street, Toowoomba gldxray.com.au gldxray.com.au ST VINCENT'S HOSPITAL Entrance 6, Ground floor, Herries St, East Toowoomba gldxray.com.au		Fax: 1300 023 191		•		•		•	•	•	•	•		•		
		qldxray.com.au		•			•	•	•	•		•	•		•	•
		Sat AM	•		•	•	•	•	•			•		•		
WARWI	CK Street, Warwick	Ph:4660 2800Fax:4661 1849														

AFTER HOURS PLEASE CALL - (07) 4659 4500.

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/

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