

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.

<p>MRI Person OVER 16</p> <p>Head - 63551** <input type="checkbox"/> Unexplained seizure <input type="checkbox"/> Unexplained chronic headache</p> <p>Spine - 63554** <input type="checkbox"/> ? cervical radiculopathy</p> <p>Spine - 63557** <input type="checkbox"/> ? cervical spine trauma</p> <p>Knee inability to extend after acute trauma - 63560** * (*50 years and over not eligible) (**3 services per 12 months) <input type="checkbox"/> ? ACL tear <input type="checkbox"/> ? Meniscal tear</p>	<p>MRI Person UNDER 16</p> <p>Head - 63507** <input type="checkbox"/> Unexplained seizure <input type="checkbox"/> Unexplained headache with pathology <input type="checkbox"/> Paranasal sinus pathology unresponsive to therapy</p> <p>Spine following prior radiology - 63510** <input type="checkbox"/> ? significant trauma <input type="checkbox"/> ? unexplained neck/back pain with neurological signs <input type="checkbox"/> ? unexplained back pain with significant pathology</p>	<p>Hip following prior radiology - 63516 <input type="checkbox"/> ? septic arthritis <input type="checkbox"/> ? Perthes disease <input type="checkbox"/> ? slipped capital femoral epiphysis</p> <p>Elbow following prior radiology - 63519 <input type="checkbox"/> ? fracture or avulsion</p> <p>Wrist following prior radiology - 63522 <input type="checkbox"/> ? scaphoid fracture</p> <p>Knee - 63513** <input type="checkbox"/> ? internal derangement</p>
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<p>Ultrasound Shoulder - 55864 <input type="checkbox"/> ? bicep subluxation <input type="checkbox"/> ? capsulitis / bursitis <input type="checkbox"/> ? ganglion occult fracture</p>	<input type="checkbox"/> ? acromioclavicular joint pathology <input type="checkbox"/> ? injury to tendon, muscle or tendon/muscle junction incl tears <input type="checkbox"/> ? rotator cuff tears/calcification/tendinosis of bicep subscapular supraspinatus or infraspinatus	<p>Ultrasound Knee - 55880 <input type="checkbox"/> ? abnormality tendon/ bursae <input type="checkbox"/> collateral ligament injury <input type="checkbox"/> ? meniscal / popliteal fossa cysts/ mass/pseudomass <input type="checkbox"/> Nerve entrapment, nerve or nerve sheath tumour</p>
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BMD - subject to Medicare criteria

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"/> Female hypogonadism > 6mths before age 45
	<input type="checkbox"/> Prolonged glucocorticoid therapy (as per MBS)	<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"/> Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower
	<input type="checkbox"/> Monitoring osteoporosis proven by prior BMD	
12315 <input type="checkbox"/> 24 mths+ since prior BMD (please also tick description)	<input type="checkbox"/> Primary hyperparathyroidism	<input type="checkbox"/> Proven malabsorptive disorders (Crohns, Coeliac)
	<input type="checkbox"/> Conditions associated with thyroxine excess	<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.		

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: _____
 Date: _____
 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

OPEN WEEKENDS	EOS IMAGING	X-RAY	OPC & LATERAL CEPHALOMETRY	FLUOROSCOPY	ANGIOGRAPHY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	ECHOCARDIOGRAPHY	NUCHAL TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	PET/CT	MRI
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HOSPITAL PRACTICES

GREENSLOPES PRIVATE HOSPITAL Lower Lobby Level, Newdegate Street, Greenslopes	Ph: 3421 0444 Fax: 3847 4455	Sat	•	•	•	•	•	•	•	•	•	•	•	•	•
MATER PRIVATE HOSPITAL BRISBANE Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane	Ph: 3840 6200 Fax: 3846 1987	Sat & Sun	•	•	•	•	•	•	•	•	•	•	•	•	•
MATER HOSPITAL BRISBANE 4th Floor, 32 Raymond Terrace, South Brisbane	Ph: 3840 6299 Fax: 3840 6277		•	•	•	•	•	•	•	•	•	•	•	•	•
MATER PRIVATE HOSPITAL SPRINGFIELD Level 2, 30 Health Care Drive, Springfield	Ph: 3470 3000 Fax: 3470 3030	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
QUEEN ELIZABETH II JUBILEE HOSPITAL Kessels Road, Coopers Plains	Ph: 3712 2500 Fax: 3875 2866		•	•	•	•	•	•	•	•	•	•	•	•	•
ST VINCENT'S HOSPITAL BRISBANE Ground Floor, 411 Main Street, Kangaroo Point	Ph: 3227 0000 Fax: 3392 1769		•	•	•	•	•	•	•	•	•	•	•	•	•
SUNNYBANK PRIVATE HOSPITAL Level 1, 245 McCullough Street, Sunnybank	Ph: 3347 2700 Fax: 3344 4987	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•

WOMEN'S CENTRES

MATER WOMEN'S IMAGING CENTRE Level 6, Mater Private Clinic, 550 Stanley Street, South Brisbane	Ph: 3840 6208 Fax: 3844 4277										•	•	•	•	•
SUNNYBANK WOMEN'S IMAGING CENTRE Suite 15, McCullough Centre 259 McCullough Street, Sunnybank	Ph: 3347 2755 Fax: 3345 2635										•	•	•	•	•

COMMUNITY PRACTICES

BAYSIDE (OPPOSITE REDLAND HOSPITAL) Medical Hub, 16 Weippin Street, Cleveland	Ph: 3488 5600 Fax: 3286 1768	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
BEENLEIGH 105 City Road, Beenleigh	Ph: 3382 4944 Fax: 3287 4831	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
BOWEN HILLS 16 Thompson Street, Bowen Hills	Ph: 3024 4600 Fax: 3024 4666	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
BROWNS PLAINS 14 Grand Plaza Drive, Browns Plains	Ph: 3802 7605 Fax: 3809 2809	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
CAPALABA Rickey St, Capalaba	Ph: 3906 4700 Fax: 3823 4302		•	•	•	•	•	•	•	•	•	•	•	•	•
CLEVELAND 43 Wynyard Street, Cleveland	Ph: 3826 6700 Fax: 3286 4057		•	•	•	•	•	•	•	•	•	•	•	•	•
COORPAROO 342 Old Cleveland Road, Coorparoo	Ph: 3456 3100 Fax: 3397 1120	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
GREENSLOPES OBSTETRIC AND PAEDIATRIC IMAGING 589 Logan Road, Greenslopes	Ph: 3727 7300 Fax: 3847 9609										•	•	•	•	•
LOGANHOLME 62 Bryants Road, Loganholme	Ph: 3380 7599 Fax: 3801 4843		•	•	•	•	•	•	•	•	•	•	•	•	•
LOGAN CENTRAL Cnr Wembley & Kingston Roads (Service Road), Logan Central	Ph: 3387 4888 Fax: 3290 5655	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
LOGAN ROAD (GREENSLOPES) 589 Logan Road, Greenslopes	Ph: 3394 5800 Fax: 3847 9609		•	•	•	•	•	•	•	•	•	•	•	•	•
MARKET SQUARE (即士麟X光 MARKET SQUARE) Ground Floor, 309 Mains Road (cnr Elva Street), Sunnybank	Ph: 3722 8300 Fax: 3344 5287		•	•	•	•	•	•	•	•	•	•	•	•	•
TARINGA Westside Private Hospital, Ground Floor, 32 Morrow Street, Taringa	Ph: 3721 5300 Fax: 3721 5333	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•
UPPER MT GRAVATT Ground Floor, 1985 Logan Road, Upper Mt Gravatt	Ph: 3422 8855 Fax: 3349 0877		•	•	•	•	•	•	•	•	•	•	•	•	•
WYNNUM 101 Clara Street, Wynnum	Ph: 3900 4300 Fax: 3348 7466	Sat AM	•	•	•	•	•	•	•	•	•	•	•	•	•

GOLD COAST PRACTICES

GOLD COAST PRIVATE HOSPITAL Ground Floor, 14 Hill Street, Southport	Ph: 5552 5700 Fax: 5563 3403	Sat & Sun	•	•	•	•	•	•	•	•	•	•	•	•	•
HELENSVALE GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale	Ph: 5563 5200 Fax: 5510 9096		•	•	•	•	•	•	•	•	•	•	•	•	•
SOUTHPORT 128 Queen Street, Southport	Ph: 5581 0900 Fax: 5532 3983		•	•	•	•	•	•	•	•	•	•	•	•	•
AIRPORT CENTRAL Ground Floor, F11-F16, Airport Central, 1 Eastern Avenue, Bilinga	Ph: 5513 3700 Fax: 5513 3777		•	•	•	•	•	•	•	•	•	•	•	•	•

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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