

Patient Details

Date: _____ DOB: _____ Medicare No: _____
 Name: _____
 Address: _____ Phone: _____

For all appointments
Ph: 4965 6200
Fax: 4942 7506
Email: mackay@qldxray.com.au

Diagnostic Request

Reason for referral and clinical history

GP Medicare rebateable studies are below. 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) (**3 services per 12 months)**

- ? 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

Ultrasound Shoulder - 55864

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

Ultrasound Knee - 55880

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

BMD - subject to Medicare criteria

- 12321** 12 mths+ since prior BMD. 12 mths since significant change in therapy
- 12320** 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 BMD
- 12312** 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 secretion
- 12306** 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 lower
- 12315** 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 disease
- 12322** 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: _____
 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

- CONE BEAM
- PLAIN X-RAY
- EOS IMAGING
- OPG
- FLUOROSCOPY
- CT SCAN
- ULTRASOUND
- DUPLEX ULTRASOUND
- NUCLEAR TRANSILUCENCY
- MAMMOGRAPHY
- NUCLEAR MEDICINE
- BONE DENSITOMETRY
- MRI

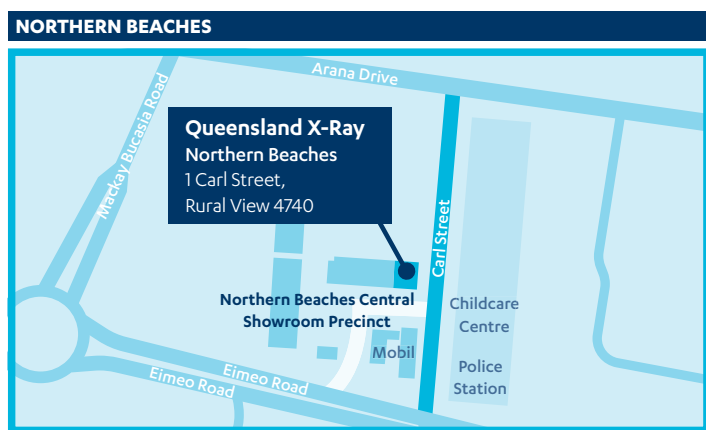
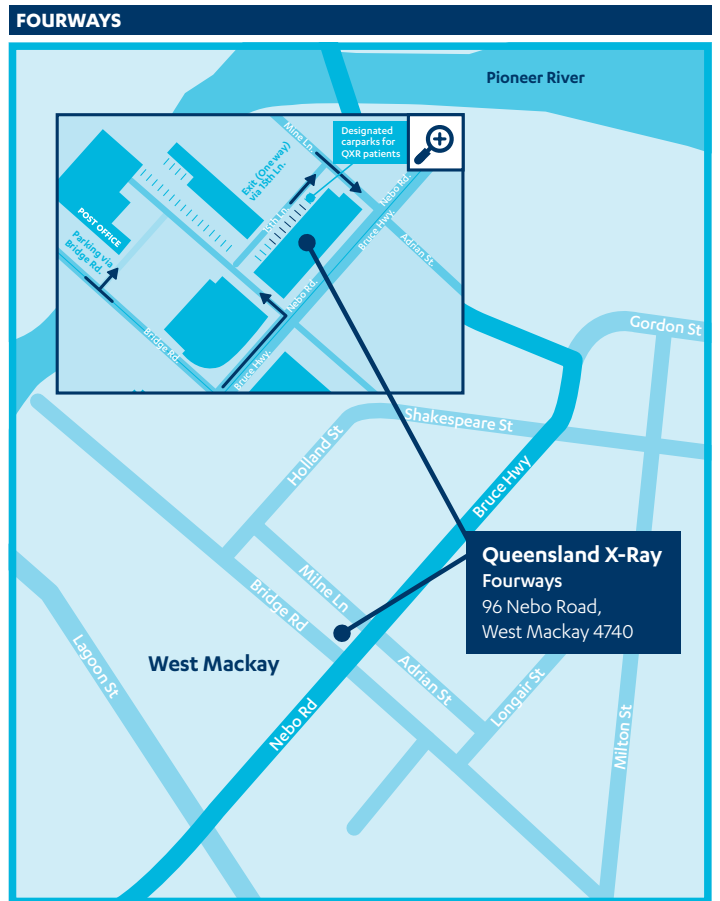
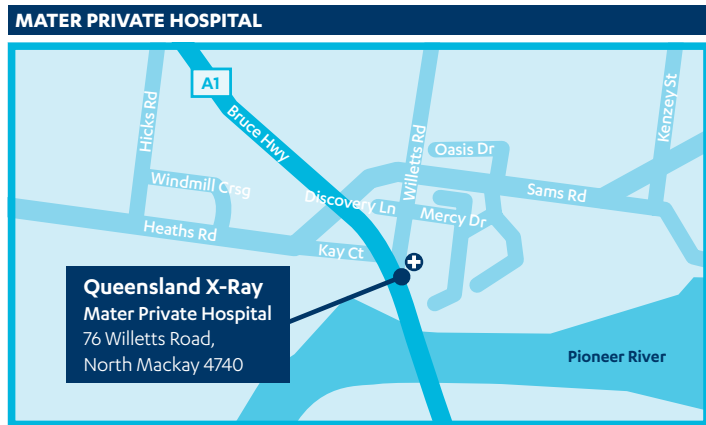
HOSPITAL PRACTICE

MATER PRIVATE HOSPITAL	Ph: 4965 6200																				
76 Willetts Road, North Mackay	Fax: 4942 7506																				

COMMUNITY PRACTICES

FOURWAYS	Ph: 4965 6200																				
96 Nebo Road, West Mackay	Fax: 4942 7506																				

NORTHERN BEACHES	Ph: 4965 6200																				
1 Carl Street, Rural View	Fax: 4942 7506																				



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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