## Request form / Referral



Patient Details	Date: Name:	DOB:	Medicare No:	For bookings scan here or call 1300 781 926
	Address: gnostic Request. Reason for re	eferral and clinical history.	Phone:	<b>Phone lines open from:</b> 7am - 8pm Monday - Friday 7am - 4pm Saturday

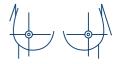
## GP Medicare rebateable studies are below. Please tick which items apply.

MRI Person OVER 16	MRI Person UNDER 16	
Head - 63551** Unexplained seizure Unexplained chronic headache	Head - 63507** Unexplained seizure Unexplained headache with pathology	
Spine - 63554** ? cervical radiculopathy Spine - 63557** ? cervical spine trauma	<ul> <li>Paranasal sinus pathology unresponsive</li> <li>Spine following prior radiology - 63510</li> <li>? significant trauma</li> <li>? unexplained neck/back pain with neu</li> <li>? unexplained back pain with significan</li> </ul>	**     ? fracture or avulsion       urological signs     Wrist following prior radiology - 63522
Knee inability to extend after act         ? ACL tear       ? Menisca	te trauma - 63560** * (*50 years and over not eligible) (**3 services pe	
Ultrasound Shoulder - 55864         ? bicep subluxation         ? capsulitis / bursitis         ? ganglion occult fracture	<ul> <li>? acromioclavicular joint pathology</li> <li>? injury to tendon, muscle or tendon/muscle junction incl tears</li> <li>? rotator cuff tears/calcification/tendinosis of bicep subscapular supraspinatus or infraspinatus</li> </ul>	
MD - subject to Medicare criter	a	
-	12 mths since significant change in therapy	
<b>2320</b> 🔲 First BMD, age 70+	□ 5 years since prior BMD, age 70 years+ with no to mild	Josteopenia (T-score 0 to -1.5) on prior BMD
2312 I2 mths+ since prior BMD (please also tick description)	77 B	<ul> <li>Female hypogonadism &gt; 6mths before age 45</li> <li>Conditions associated with excess glucocorticoid secretion</li> </ul>
2306 24 mths+ since prior BME (please also tick description)	<ul><li>1 or more fractures after minimal trauma</li><li>Monitoring osteoporosis proven by prior BMD</li></ul>	□ Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower
2315 24 mths+ since prior BME (please also tick description)		<ul> <li>Proven malabsorptive disorders (Crohns, Coeliac)</li> <li>Rheumatoid arthritis</li> <li>Chronic liver / renal disease</li> </ul>
	Age 70+ and has moderate to marked osteopenia (T–score -1.5 to -2.5	5) on prior scan.

□ Failed previous stress echo (in last 24 months)

Breast Diagnostic Assessment - may include mammogram, ultrasound, biopsy.
 Breast US only
 Mammography only

Please indicate area of suspicion on diagram



	Practitioner's Name:						
s	Address:	Queensland X-ray Internal Use	a Only				
Details		Medical Imaging Final Check	Yes No				
Õ s		Pregnant					
eΓ		Front Office Check					
Practitioner		Patient Identification verified					
Ę.		Procedure and consent verified					
rac		Correct side and site verified					
	Date:	Correct patient data and side marke	ers				
Referring	Signature:	Tech initials:					
efe		Team leader signature:					
ã	Copy to:						

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





My Appointment	Date: Time: Location: Other:	WEEKENDS	AGING		LATERAL CEPHALOMETRY	LOSCOPY	JGRAPHY	AN	SOUND	CARDIOGRAPHY	AL TRANSLUCENCY	AOGRAPHY	EAR MEDICINE	DENSITOMETRY		
My	Other:	VEEKE	AGING		٩.	sco	GRAPH		JU D	CARDIC	AL TRA	10 GR A	AR M	DENSI		
	For more information about your examination please visit qldxray.com.au	OPEN	EOS IM	X-RAY	OPG & I	FLUORC	ANGIOGR	CT SCA	ULTRA	ECHOO	NUCH/	MAMN	NUCLE	BONEI	PET/CT	MRI

## HOSPITAL PRACTICES

HOSPITAL PRACTICES			_		_											
GREENSLOPES PRIVATE HOSPITAL		3421 0444	Sat									3D				
Lower Lobby Level, Newdegate Street, Greenslopes		3847 4455					<u> </u>					50		•	_	
MATER PRIVATE HOSPITAL BRISBANE		3840 6200	Sat &		•											
Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane	Fax:	3212 9078	Sun		<u> </u>	•	· ·	•	•				•			•
MATER HOSPITAL BRISBANE	Ph:	3212 9000														
LEVEL 4, 32 Raymond Terrace, South Brisbane	Fax:	3163 1850		•			•	•	•							•
MATER PRIVATE HOSPITAL SPRINGFIELD	Ph:	3470 3000	Sat									20				
Level 2, 30 Health Care Drive, Springfield	Fax:	3470 3030	AM	•	•	•	•	•	•		•	3D		•		•
OUEEN ELIZABETH II JUBILEE HOSPITAL	Ph:	3712 2500														
Kessels Road, Coopers Plains		3875 2866		•	•	•		•	•	•						•
SUNNYBANK PRIVATE HOSPITAL		3347 2700	Sat												_	
Level 1, 245 McCullough Street, Sunnybank		3344 4987	AM	•	•	•		•	•	•			•			•
WOMEN'S CENTRES	10/.	55111707	7 (1 • 1									_				
									_	_						
MATER WOMEN'S IMAGING CENTRE		3840 6208							•		•	3D		•		
Level 6, Mater Private Clinic, 550 Stanley Street, South Brisbane		3844 4277					_				-			-	_	
ST VINCENT'S BRISBANE WOMEN'S IMAGING CENTRE		3227 0000										3D				
Ground Floor, 411 Main Street, Kangaroo Point	Fax:	3392 1769		•		•		•	•	•		50				
SUNNYBANK WOMEN'S IMAGING CENTRE	Ph:	3347 2755										20				
Suite 15, McCullough Centre 259 McCullough Street, Sunnybank	Fax:	3345 2635							•		•	3D		•		
PET/CT CENTRES																
PET/CT CENTRE GREENSLOPES	Dhe	3727 7320													_	
															•	
Greenslopes Private Hospital, Lower Ground Level, Newdegate Street, Greenslopes		3727 7333				_	_									
PET/CT CENTRE MATER BRISBANE		3840 6200														
Level 3, Mater Private Medical Ctre, 293 Vulture Street, South Brisbane	Fax:	3844 6203														
COMMUNITY PRACTICES																
BAYSIDE (OPPOSITE REDLAND HOSPITAL)	Ph:	3488 5600	Sat													
Medical Hub, 16 Weippin Street, Cleveland		3286 1768	AM	•				•	•		•	3D	•			•
BEENLEIGH		3382 4944	Sat													
105 City Road, Beenleigh		3287 4831	AM	•	•	•		•	•					•		•
BOWEN HILLS		<b>3024 4600</b>				_										
			Sat	• •				•	•		•			•		•
16 Thompson Street, Bowen Hills	Fax:		AM			_	_									
BROWNS PLAINS		3802 7605	Sat		•			•	•							
14 Grand Plaza Drive , Browns Plains		3809 2809	AM						-							
CAPALABA		3906 4700														
Rickey St, Capalaba	Fax:	3823 4302		· · · ·	•			•	•	•						
CLEVELAND	Ph:	3826 6700														
43 Wynyard Street, Cleveland	Fax:	3286 4057		•	•			•	•					•		
COORPAROO		3456 3100	Sat													
342 Old Cleveland Road, Coorparoo		3397 1120	AM	• •	•	•		•	•					•		•
		3380 7599	7 (1 • 1		-	-										
62 Bryants Road, Loganholme		3801 4843		•	•			•	•							
			Cat													
		3387 4888	Sat		•			•	•		•					
Cnr Wembley & Kingston Roads (Service Road), Logan Central		3290 5655	AM		_											
LOGAN ROAD (GREENSLOPES)		3394 5800							•		•					
589 Logan Road, Greenslopes		3847 9609									<u> </u>				_	
SUNNYBANK MARKET SQUARE (昆士蘭X光 MARKET SQUARE)	Ph:	3722 8300														
Ground Floor, 309 Mains Road (cnr Elva Street), Sunnybank	Fax:	3344 5287		•	•			•	•							
TARINGA	Ph:	3721 5300	Sat									20				
Westside Private Hospital, Ground Floor, 32 Morrow Street, Taringa	Fax:	3721 5333	AM	• •				•	•		•	3D	•	•		•
UPPER MT GRAVATT		3723 5555												_	_	
Ground Floor, 1985 Logan Road, Upper Mt Gravatt		3723 5577		•	•			•	•							
WYNNUM		3900 4300	Sat												_	
101 Clara Street, Wynnum		3348 7466	AM	•	•	•		•	•	•	•	3D		•		•
	I.gY	55407400	P-(1V)													
GOLD COAST PRACTICES																
GOLD COAST PRIVATE HOSPITAL		5552 5700	Sat &								•	3D				
Ground Floor, 14 Hill Street, Southport		5563 3403	Sun					-				50				
HELENSVALE	Ph:	5563 5200														
GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale	Fax:	5510 9096		•	•			•	•							•
SOUTHPORT	Ph:	5581 0900														
Queen Street Village, Ground Floor, 127 Queen Street, Southport		5532 3983		•	•			•	•	•	•			•		•
AIRPORT CENTRAL		5513 3700					_		_					_	_	
Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga		5513 3777		•			•	•	•		•	3D		•		•
Ground Hoor, Airport Central, i Lastern Avenue, billinga	I.gY	55155777					_				_					

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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## Please ask our team about our concessions for health care and pensioner concession card holders.

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