

## Patient Details

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_


**For bookings  
scan here**

or call 1300 781 926

**Phone lines open from:**

7am - 8pm Monday - Friday

7am - 4pm Saturday

**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 ☐ collateral ligament injury
- ☐ ? meniscal / popliteal fossa cysts/ mass/pseudomass
- ☐ 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.

**Myocardial Perfusion Studies (Nuclear Medicine) - 24 mths+ since prior MPS, age 17+**

- 61329** ☐ The patient has symptoms of cardiac ischaemia; and one of the following applies:
- ☐ Stress echo unlikely to be adequate due to a) body habitus, including obesity, b) arrhythmia, including atrial fibrillation
- ☐ Unable to exercise to the extent required for a stress echo to provide adequate information
- ☐ 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



## 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: \_\_\_\_\_

For more information about your examination please visit [qldxray.com.au](http://qldxray.com.au)

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

<b>GOLD COAST PRIVATE HOSPITAL</b> Ground Floor, 14 Hill Street, Southport	<b>Ph: 5552 5700</b> <b>Fax: 5563 3403</b>	Sat & Sun	•	•	•	•	•	•	•	3D	•	•
<b>HELENSVALE</b> GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale	<b>Ph: 5563 5200</b> <b>Fax: 5510 9096</b>		•	•		•	•					•
<b>SOUTHPORT</b> Queen Street Village, Ground Floor, 127 Queen Street, Southport	<b>Ph: 5581 0900</b> <b>Fax: 5532 3983</b>		•	•		•	•	•	•			•
<b>AIRPORT CENTRAL</b> Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga	<b>Ph: 5513 3700</b> <b>Fax: 5513 3777</b>		•			•	•	•	•	3D	•	•