

Patient Details

Date: DOB:
 Name: Medicare No:
 Address: WorkCover Claim No:



For bookings
scan here

qldxray.com.au/book-online

Or please call

Brisbane	1300 781 926
Gold Coast	1300 183 988
Mackay	4965 6200
Townsville	4759 2800
Cairns	4046 7800
Toowoomba	1300 770 151

I confirm the patient is eligible to participate in the National Lung Cancer Screening Program (NLCSP)

Please tick:

57410 Low-dose CT scan of chest for NLCSP – Initial or 2 Year Re-Scan

Family history of lung cancer in a first-degree relative (includes parents, siblings or children)

57413 Low-dose CT scan of chest for NLCSP – Interval or Follow-up

Any previous Chest CT Date and Provider (if known): _____

Additional clinical notes: _____

Referring Practitioner's Details

Practitioner's Name:

Address:

Provider No:

Signature:

Copy to:

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

Internal Use Only

Yes No

Pregnant
 Front office check
 Patient identification verified
 Procedure and consent verified
 Correct side and site verified

Correct patient data and side markers

Tech initials: _____

Team leader signature: _____



Date: _____
 Time: _____
 Location: _____
 Other: _____

For more information about your examination please visit qldxray.com.au



**Scan here to see
full list of practice
locations and services**

BRISBANE PRACTICES

Ph: 1300 781 926 or Email: bookings@qldxray.com.au

GREENSLOPES PRIVATE HOSPITAL	Ph: 3421 0444
MATER PRIVATE HOSPITAL BRISBANE	Ph: 3840 6200
MATER HOSPITAL BRISBANE	Ph: 3212 9000
MATER PRIVATE HOSPITAL SPRINGFIELD	Ph: 3470 3000
QUEEN ELIZABETH II JUBILEE HOSPITAL	Ph: 3712 2500
ST VINCENT'S PRIVATE HOSPITAL BRISBANE	Ph: 3227 0000
SUNNYBANK PRIVATE HOSPITAL	Ph: 3347 2700
BAYSIDE (OPPOSITE REDLAND HOSPITAL)	Ph: 3488 5600
BEENLEIGH	Ph: 3382 4944
BOWEN HILLS	Ph: 3024 4600
BROWNS PLAINS	Ph: 3802 7605
CAPALABA	Ph: 3906 4700
CLEVELAND	Ph: 3826 6700
COORPAROO	Ph: 3456 3100
LOGANHOLME	Ph: 3380 7599
LOGAN CENTRAL	Ph: 3387 4888
LOGAN ROAD (GREENSLOPES)	Ph: 3394 5800
MOUNT GRAVATT	Ph: 3347 0400
SUNNYBANK MARKET SQUARE	Ph: 3722 8300
TARINGA	Ph: 3721 5300
WYNNUM	Ph: 3900 4300

GOLD COAST PRACTICES

Ph: 1300 183 988 or Email: gcbookings@qldxray.com.au

GOLD COAST PRIVATE HOSPITAL	Ph: 5552 5700
HELENSVALE	Ph: 5563 5200
BROADBEACH	Ph: 5562 9000
SOUTHPORT	Ph: 5581 0900
AIRPORT CENTRAL	Ph: 5513 3700

MACKAY PRACTICES

Ph: 4965 6200 or Email: mackay@qldxray.com.au

MATER PRIVATE HOSPITAL

FOURWAYS Ph: 4965 6200

NORTHERN BEACHES

TOWNSVILLE PRACTICES
Ph: 4759 2800 or Email: townsville@qldxray.com.au

MATER PRIVATE HOSPITAL – PIMLICO
MATER PRIVATE HOSPITAL – HYDE PARK
DOMAIN CENTRAL
DOUGLAS – DISCOVERY RISE

Ph: 4759 2800

FAIRFIELD
NORTH QUEENSLAND COWBOYS STADIUM

NEW LOCATION

NORTH SHORE

CAIRNS PRACTICES
Ph: 4046 7800 or Email: cairns@qldxray.com.au

CAIRNS PRIVATE HOSPITAL (LEVEL 3)

Ph: 4046 7800

SMITHFIELD CAIRNS
WESTCOURT

TOOWOOMBA PRACTICES
Ph: 1300 770 151 or Email: toowoomba@qldxray.com.au

HIGHFIELDS
MEDICI MEDICAL CENTRE
RUSSELL STREET

Ph: 1300 770 151

SOUTH TOOWOOMBA
ST ANDREW'S HOSPITAL
ST VINCENT'S HOSPITAL

Ph: 4660 2800
warwick@qldxray.com.au

Access your images and results online. For more information, please visit <https://www.qldxray.com.au/patients/online-access-patient-portal>

DOWNLOAD THE QXR PATIENT APP

