

Patient Details

Date:

DOB:

Name:

Medicare No:

Address:

WorkCover Claim No:



**For bookings
scan here**

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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	<input type="checkbox"/>	<input type="checkbox"/>
Front office check	<input type="checkbox"/>	
Patient identification verified	<input type="checkbox"/>	
Procedure and consent verified	<input type="checkbox"/>	
Correct side and site verified	<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

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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)	
LAKE STREET	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	
WARWICK	Ph: 4660 2800 warwick@ qldxray.com.au

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