

Date: **Patient Details** Name:

Address:

Medicare No:

Diagnostic Request

DOB:

Reason for referral and clinical history

Follow-up appointment with Referring Doctor:

Practitioner's Name: **Referring Practitioner's Details** Address: 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:



My Appointment	Date:
	Time:
	Location:
	Other:

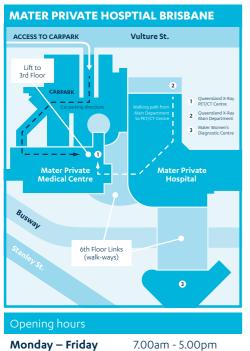
For more information about your examination please visit qldxray.com.au

Ph: 3840 6222

MATER PRIVATE

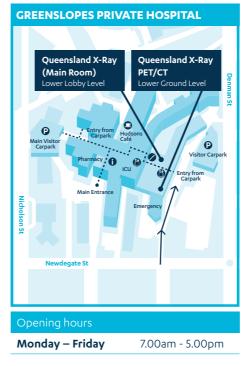
HOSPITAL BRISBANEFax: 3844 6203Level 3, Mater Private Medical Ctre,293 Vulture Street, South Brisbane

email: materpetct@qldxray.com.au



QUEENSLAND X-RAY PET/CT CENTRES

GREENSLOPES PRIVATEPh: 3727 7320HOSPITALFax: 3727 7333Lower Ground LevelNewdegate Street, Greenslopesnemail: gphpetct@qldxray.com.au

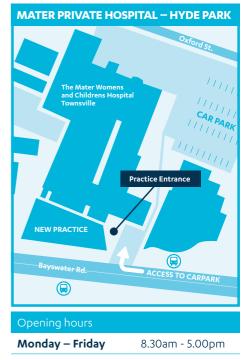


PATIENT PREPARATION

There is detailed patient preparation for PET/CT. Upon making an appointment patients will be sent an information pack.

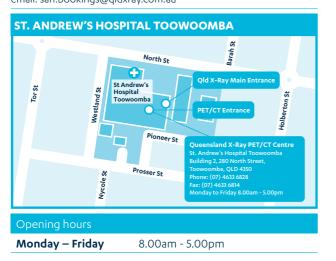
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Access your images and results online. Let our friendly reception staff know you'd like to register for the Patient Portal. For more information, please visit qldxray.com.au/patients/results-portal/

DOWNLOAD THE QXR PATIENT APP

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Queensland X-Ray stores your images for FIVE years. Visit us for all your medical imaging and create a complete and highly secure five-year electronic radiology record which your doctor can access 24/7.

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

Queensland X-Ray Pty Ltd and Queensland X-Ray Hospital Partnership No 23 trading as Queensland X-Ray (a registered business name of Queensland X-Ray Pty Ltd ABN 40 094 502 208) 7043 08/21