NLCSP CT Request form / Referral

QueenslandXRay

Patient Details

Date:

DOB:

Name:

Medicare No:

Address:

WorkCover Claim No:

For bookings scan here

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

or visit our website qldxray.com.au

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: _____

QueenslandXRay

For bookings visit qldxray.com.au

My Appointment

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)	
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

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

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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.

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