Request form / Referral



DOB:

Date **Patient Details** Name: Address: Medicare No:

Diagnostic Request

Reason for referral and clinical history

Follow-up appointment with Referring Doctor:

	Practitioner's Name:
S	Address:
Details	
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Referring Practitioner's	Signature:
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Refe	Copy to:

Internal Use Only

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:

qldxray.com.au

Yes No



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MOOT My Appointment	Date: Time: Location: Other: For more information about your examination please v OOMBA AND DARLING DOWNS LOCATIONS		.com.au	OPEN WEEKENDS	X-RAY	DPC	SCREENING – IVPs, BARIUM STUDIES	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	ECHOCARDIOGRAPHY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET/CT
HIGHFIELDS 73 Highfields Road, Highfields					•			•	•	•	•					
MEDICI MEDICAL CENTRE Ground Floor, 13-15 Scott Street, Toowoomba		Ph:	1300 770 151 1300 023 191 sil: toowoomba@ qldxray.com.au		•			•								
RUSSELL STREET 127 Russell Street, Toowoomba		Fax:			•	•		•	•	•	•			•		
ST ANDREW'S HOSPITAL 280 North Street, Toowoomba ST VINCENT'S HOSPITAL Entrance 6, Ground floor, Herries St, East Toowoomba					•		•	•	•	•		•	•		•	•
				Sat AM	•		•	•	•	•		•	•		•	
WARWIC 51 Wood	CK Street, Warwick	Ph: Fax: Emai	4660 2800 4661 1849 I: warwick@ qldxray.com.au		•	•		•	•	•						

AFTER HOURS PLEASE CALL - (07) 4659 4500.

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/

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