Request form / Referral

QueenslandXRay

Patient Details

Date: DOB: Medicare No:

Name:

Address: Phone:

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Diagnostic Request. Reason for referral and clinical history.

GP Medicare rebateable studies are below. Please tick which items apply. (**3 services per 12 months)

MRI Person OVER 16

Head - 63551**
- ☐ Unexplained seizure
- ☐ Unexplained chronic headache

Spine - 63554**
- ☐ For suspected cervical radiculopathy

Spine - 63557**
- ☐ For suspected cervical spine trauma

MRI Person UNDER 16

Head - 63507**
- ☐ Unexplained seizure
- ☐ Unexplained headache with pathology
- ☐ Paranasal sinus pathology unresponsive to therapy

Spine following prior radiology - 63510**
- ☐ Significant trauma
- ☐ Unexplained neck/back pain with neurological signs
- ☐ Unexplained back pain with significant pathology

Hip following prior radiology - 63516
- ☐ Suspected septic arthritis ☐ Suspected Perthes disease
- ☐ Suspected slipped capital femoral epiphysis

Elbow following prior radiology - 63519
- ☐ Suspected significant fracture or avulsion

Wrist following prior radiology - 63522
- ☐ Suspected scaphoid fracture

Knee inability to extend after acute trauma - 63560 (50 years and over not eligible)**
- ☐ Inability to extend the knee suggesting the possibility of acute meniscal tear ☐ Clinical findings suggesting ACL tear

Knee - 63513**
- ☐ For internal joint derangement

Image Guided Injections - please tick options below. The Radiologist will determine the best modality to use based on the clinical indication.

Facets, side ☐ Left ☐ Right
- ☐ Levels _____

Nerve roots, side ☐ Left ☐ Right
- ☐ Levels _____

Epidural steroid injection
- ☐ Level _____

Elbow, side ☐ Left ☐ Right
- ☐ Common extensor origin ☐ Elbow joint
- ☐ Olecranon bursa ☐ Other _____

Wrist, side ☐ Left ☐ Right
- ☐ Carpal tunnel ☐ Scapholunate joint
- ☐ APL/EPB (De Quervain's) ☐ Other _____

Shoulder, side ☐ Left ☐ Right
- ☐ Bursa ☐ Glenohumeral joint
- ☐ Acromioclavicular joint

Knee, side ☐ Left ☐ Right
- ☐ Joint ☐ Other _____

Hip, side ☐ Left ☐ Right
- ☐ Trochanteric bursa ☐ Hip joint
- ☐ Other _____

Ankle/foot, side ☐ Left ☐ Right
- ☐ Talocrural joint ☐ Subtalar joint
- ☐ Morton's neuroma ☐ Plantar fascia
- ☐ Achilles

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

☐ **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**

Myocardial Perfusion Studies (Nuclear Medicine) - 24 mths+ since prior MPS, age 17+

61329 ☐ **The patient has symptoms of cardiac ischaemia; and one of the following applies:**
- ☐ Stress echo unlikely to be adequate due to a) body habitus, including obesity, b) arrhythmia, including atrial fibrillation
- ☐ Unable to exercise to the extent required for a stress echo to provide adequate information
- ☐ Failed previous stress echo (in last 24 months)

Referring Practitioner's Details

Practitioner's Name:

Address:

Signature: _____

Copy to: _____

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

Queensland X-Ray Internal Use Only

Medical Imaging Final Check	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: _____

qldxray.com.au

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BMD - subject to Medicare criteria (Please tick box below)

12321 ☐ 12 mths+ since prior BMD. 12 mths since significant change in therapy

12320 ☐ First BMD, age 70+ ☐ 5 years since prior BMD, age 70 years+ with no to mild osteopenia (T-score 0 to -1.5) on prior BMD

12312 ☐ 12 mths+ since prior BMD (please also tick description) ☐ Male hypogonadism ☐ Prolonged glucorticoid therapy (as per MBS) ☐ Female hypogonadism > 6mths before age 45 ☐ Conditions associated with excess glucocorticoid secretion

12306 ☐ 24 mths+ since prior BMD (please also tick description) ☐ 1 or more fractures after minimal trauma ☐ Monitoring osteoporosis proven by prior BMD ☐ Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower

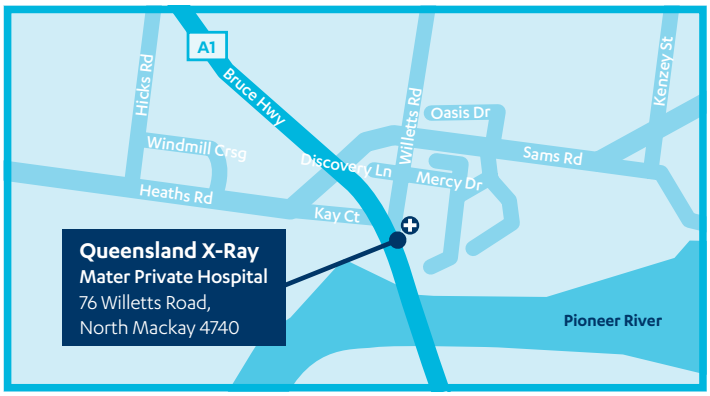
12315 ☐ 24 mths+ since prior BMD (please also tick description) ☐ Primary hyperparathyroidism ☐ Conditions associated with thyroxine excess ☐ Proven malabsorptive disorders (Crohns, Coeliac) ☐ Rheumatoid arthritis ☐ Chronic liver / renal disease

12322 ☐ 24 mths+ since prior BMD. Age 70+ and has moderate to marked osteopenia (T–score -1.5 to -2.5) on prior scan.

HOSPITAL PRACTICE	PLAIN X-RAY	STANDING ALIGNMENT IMAGING	OPG	FLUOROSCOPY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	NUCHAL TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET/CT
MATER PRIVATE HOSPITAL 76 Willetts Road, North Mackay	•		•	•	•	•	•	•	3D*	•		•	
COMMUNITY PRACTICES													
MACKAY CITY OPENING JANUARY 2027 109 Sydney Street, Mackay	•	•		•	•	•					•	•	•
NORTHERN BEACHES 1 Carl Street, Rural View	•				•	•							

Ph: 4965 6200
Fax: 4942 7506
Email: mackay@qldxray.com.au

MATER PRIVATE HOSPITAL



MACKAY CITY



NORTHERN BEACHES



Access your images and results online. For more information, please visit 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.

* Contrast Enhanced Mammography

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