

**Patient Details**

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicare No: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**For all appointments**  
**Ph: 4046 7800**  
**Fax: 4051 3028**  
**Email: cairns@qldxray.com.au**  
**Book Online: www.qldxray.com.au**  
**Phones open: 7am-9pm Mon to Fri**  
**8am-4pm Sat & Sun**

**Diagnostic Request. Reason for referral and clinical history. (X-Ray, CT, US, Nuclear Medicine Bulk Billed)\***

**GP Medicare rebateable studies and guided injection options below. For BMD criteria see over page. Please tick which items apply.**

**MRI Person OVER 16**

**Head - 63551\*\***

- Unexplained seizure
- Unexplained chronic headache

**Spine - 63554\*\***

- ? cervical radiculopathy

**Spine - 63557\*\***

- ? cervical spine trauma

**Knee inability to extend after acute trauma - 63560\*\* \* (\*50 years and over not eligible) (\*\*3 services per 12 months)**

- ? ACL tear
- ? Meniscal tear

**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**

- ? septic arthritis
- ? Perthes disease
- ? slipped capital femoral epiphysis

**Elbow following prior radiology - 63519**

- ? fracture or avulsion

**Wrist following prior radiology - 63522**

- ? scaphoid fracture

**Knee - 63513\*\***

- ? internal 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

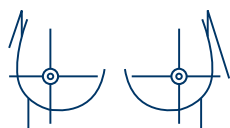
Morton's neuroma
- Plantar fascia

Achilles

**Ultrasound Shoulder - 55864**

- ? capsulitis / bursitis
- ? acromioclavicular joint pathology
- ? injury to tendon, muscle or tendon/muscle junction incl tears
- ? rotator cuff tears/calcification/tendinosis of bicep subscapular supraspinatus or infraspinatus

**Breast Diagnostic Assessment** - may include mammogram, ultrasound, biopsy.



Please indicate area of suspicion on diagram

**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	<input type="checkbox"/>	<input type="checkbox"/>
Front Office Check	<input type="checkbox"/>	<input type="checkbox"/>
Patient Identification verified	<input type="checkbox"/>	<input type="checkbox"/>
Procedure and consent verified	<input type="checkbox"/>	<input type="checkbox"/>
Correct side and site verified	<input type="checkbox"/>	<input type="checkbox"/>
Correct patient data and side markers		
Tech initials:	_____	
Team leader signature:	_____	

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

<b>12321</b>	<input type="checkbox"/> 12 mths+ since prior BMD. 12 mths since significant change in therapy		
<b>12320</b>	<input type="checkbox"/> First BMD, age 70+	<input type="checkbox"/> 5 years since prior BMD, age 70 years+ with no to mild osteopenia (T-score 0 to -1.5) on prior BMD	
<b>12312</b>	<input type="checkbox"/> 12 mths+ since prior BMD (please also tick description)	<input type="checkbox"/> Male hypogonadism <input type="checkbox"/> Prolonged glucocorticoid therapy (as per MBS)	<input type="checkbox"/> Female hypogonadism > 6mths before age 45 <input type="checkbox"/> Conditions associated with excess glucocorticoid secretion
<b>12306</b>	<input type="checkbox"/> 24 mths+ since prior BMD (please also tick description)	<input type="checkbox"/> 1 or more fractures after minimal trauma <input type="checkbox"/> Monitoring osteoporosis proven by prior BMD	<input type="checkbox"/> Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower
<b>12315</b>	<input type="checkbox"/> 24 mths+ since prior BMD (please also tick description)	<input type="checkbox"/> Primary hyperparathyroidism <input type="checkbox"/> Conditions associated with thyroxine excess	<input type="checkbox"/> Proven malabsorptive disorders (Crohns, Coeliac) <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Chronic liver / renal disease
<b>12322</b>	<input type="checkbox"/> 24 mths+ since prior BMD. Age 70+ and has moderate to marked osteopenia (T-score -1.5 to -2.5) on prior scan.		

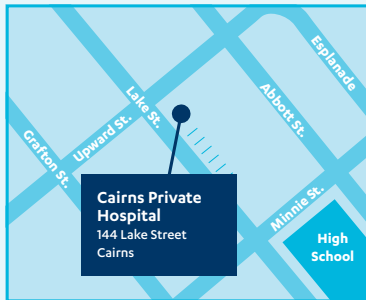
**QUEENSLAND X-RAY LOCATIONS**

**For all appointments**

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**Phones open:**

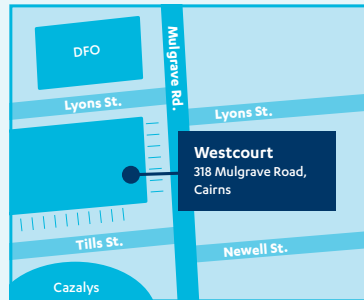
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**CAIRNS PRIVATE HOSPITAL**

Level 3, 144 Lake Street  
 Cairns

*New additional free parking is now available on Lake Street, next to Cairns Baptist Church*



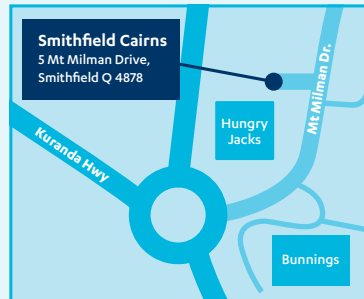
**WESTCOURT**

318 Mulgrave Road  
 Cairns



**LAKE STREET**

189 Lake Street  
 Cairns



**SMITHFIELD CAIRNS**

5 Mt Milman Drive  
 Smithfield

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DOWNLOAD THE QXR PATIENT APP



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.

\* When Medicare eligible

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Your doctor has recommended you use Queensland X-ray. You may choose another provider but please discuss this with your doctor first.

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