

Patient Details

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



**For bookings scan here**

[qldxray.com.au/book-online](http://qldxray.com.au/book-online)

**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

**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

**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 - 63513\*\***

- For internal joint derangement

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

- 57410 Low-dose CT scan of chest for NLCS - 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 NLCS - Interval or Follow-up**

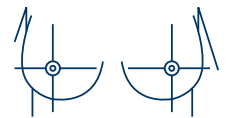
**BMD - subject to Medicare criteria**

- 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 glucocorticoid 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.

**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)

- Breast Diagnostic Assessment** - may include mammogram, ultrasound, biopsy.  Include contrast mammography
- Previous breast cancer  Significant family history of breast or ovarian cancer  Symptoms or indications of breast disease found on examination of the patient by a medical practitioner (indicate area on diagram)



Referring Practitioner's Details

Practitioner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 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:	_____	

