

Patient Details

Date:
Name: _____ DOB: _____
Address:
Medicare No: _____

Diagnostic Request**Reason for referral and clinical history****Referring Practitioner's Details**

Practitioner's Name:
Address:

Signature: _____
Copy to: _____

Thank you for referring your patient to Queensland X-Ray

Internal Use Only

| | 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: _____

My Appointment

Date: _____

Time: _____

Location: _____

Other: _____

- OPEN WEEKENDS
- X-RAY
- OPG
- SCREENING – IVPS, BARIUM STUDIES
- CT SCAN
- ULTRASOUND
- DUPLEX ULTRASOUND
- ECHOCARDIOGRAPHY
- MAMMOGRAPHY
- NUCLEAR MEDICINE
- BONE DENSITOMETRY
- MRI
- PET/CT

TOOWOOMBA AND DARLING DOWNS LOCATIONS

HIGHFIELDS

73 Highfields Road
Highfields

MEDICI MEDICAL CENTRE

Ground Floor
13-15 Scott Street
Toowoomba

RUSSELL STREET

127 Russell Street
Toowoomba

SOUTH TOOWOOMBA

The Bernoth Centre
677 Ruthven Street
South Toowoomba

ST ANDREW'S HOSPITAL

280 North Street
Toowoomba

ST VINCENT'S HOSPITAL

Entrance 6, Ground floor
Herries St
East Toowoomba

WARWICK

51 Wood Street
Warwick

Ph: 1300 770 151
Fax: 1300 023 191
Email: toowoomba@qldxray.com.au

Ph: 4660 2800
Fax: 4661 1849
Email: warwick@qldxray.com.au

| | OPEN WEEKENDS | X-RAY | OPG | SCREENING – IVPS, BARIUM STUDIES | CT SCAN | ULTRASOUND | DUPLEX ULTRASOUND | ECHOCARDIOGRAPHY | MAMMOGRAPHY | NUCLEAR MEDICINE | BONE DENSITOMETRY | MRI | PET/CT |
|-----------------------|---------------|-------|-----|----------------------------------|---------|------------|-------------------|------------------|-------------|------------------|-------------------|-----|--------|
| HIGHFIELDS | • | • | • | • | • | • | • | • | | | | | |
| MEDICI MEDICAL CENTRE | | • | | | | | | | | | | | |
| RUSSELL STREET | • | • | • | • | • | • | • | • | | | | | |
| SOUTH TOOWOOMBA | | • | | | | | | | | | | • | • |
| ST ANDREW'S HOSPITAL | • | • | • | • | • | • | • | • | • | • | • | • | • |
| ST VINCENT'S HOSPITAL | Sat AM | • | • | • | • | • | • | • | • | • | • | • | • |
| WARWICK | | • | • | | | • | • | • | | | | | |

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/

DOWNLOAD THE QXR PATIENT APP



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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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