## Request form / Referral



Patient Details	Date: Name:	DOB:	Medicare No:		■ 光戸目 For bookings 「「「」」、 「」」、 「」」、 「」」、 「」」、 「」」、 「」」、 「」」、 「」」、 「」」、 「」」、 「」」、 「」、 「							
Patient	Address:		Phone:			Phone lines open from: 7am - 8pm Monday - Friday						
Diag	gnostic Request. Reason for		7am - 4pm Saturday									
MRI	Medicare rebateable studies Person OVER 16 d - 63551**	are below. Please tic	k which items apply. (**3 services per 13 MRI Person UNDER 16 Head - 63507**	2 months)	Hisfollov	ving prior radiology - 63516						
	Inexplained seizure		Unexplained seizure		🗆 ? septio	arthritis 🛛 ? Perthes disease						
	Jnexplained chronic headache e - 63554**		<ul> <li>Unexplained headache with patholo</li> <li>Paranasal sinus pathology unrespon</li> </ul>			ed capital femoral epiphysis Iowing prior radiology - 63519						
	cervical radiculopathy		Spine following prior radiology - 63	510**		ire or avulsion						
	e - 63557** cervical spine trauma		<ul> <li>? significant trauma</li> <li>? unexplained neck/back pain with</li> </ul>			owing prior radiology - 63522 noid fracture						
	e inability to extend after acut	te trauma - 63560** (5)	<ul> <li>unexplained back pain with signific</li> <li>vears and over not eligible)</li> </ul>	cant pathology								
	ACL tear 🗌 ? Meniscal		,			nal derangement						
□ ? □ ?	<b>asound Shoulder - 55864</b> Pbicep subluxation Pcapsulitis / bursitis Pganglion occult fracture	2 C C	, muscle or tendon/muscle junction incl te s/calcification/tendinosis of bicep subscap		□ ? meniscal / pop	<b>55880</b> ndon/bursae collateral ligament injury pliteal fossa cysts/mass/pseudomass ent, nerve or nerve sheath tumour						
BMC	) - subject to Medicare criteria	1										
	1 12 mths+ since prior BMD.	-	change in therapy ince prior BMD, age 70 years+ with no to n	- 11		in DAD						
	<ul> <li>First BMD, age 70+</li> <li>12 mths+ since prior BMD (please also tick description)</li> </ul>	<ul> <li>S years s</li> <li>Male hy</li> <li>Prolong</li> </ul>	/pogonadism > 6mths									
1230	6 24 mths+ since prior BMD (please also tick description)		e fractures after minimal trauma ing osteoporosis proven by prior BMD	🗆 Scans 2 ye	ears+ with Z score -1.5	0 or lower, or a T score -2.50 or lower						
1231	<ul> <li>24 mths+ since prior BMD (please also tick description)</li> </ul>	Primary	hyperparathyroidism ons associated with thyroxine excess		alabsorptive disorder: pid arthritis 🛛 🗆 C	s (Crohns, Coeliac) hronic liver / renal disease						
1232	<b>2</b> 24 mths+ since prior BMD.	Age 70+ and has moder	ate to marked osteopenia (T–score -1.5 to	-2.5) on prior scar	٦.							
6132	<ul><li>Unable to exercise to t</li><li>Failed previous stress e</li></ul>	s of cardiac ischaemia; an b be adequate due to a) b the extent required for a cho (in last 24 months)	d one of the following applies: body habitus, including obesity, b) arrhythr stress echo to provide adequate informati		al fibrillation							
	Previous breast cancer	aphy ' preast or ovarian cancer breast disease found on o	examination									
	Practitioner's Name:		Right	Left								
ils	Address:					nsland X-ray Internal Use Only						
Referring Practitioner's Details					Pregna Front P Patien Proces	al Imaging Final Check     Yes     No       ant     Imaging Final Check     Imaging Final Check       Office Check     Imaging Final Check     Imaging Final Check       t Identification verified     Imaging Final Check       dure and consent verified     Imaging Final Check       ct side and site verified     Imaging Final Check						
ng Pr	Date:				Correc	ct patient data and side markers						
ferrin	Signature:				Team	Tech initials:eader signature:						
Re	Copy to:				Tealli							
	Thank you for referring you	ır patient to Queensl	and X-ray.			qldxray.com.au						



SUNNYBANK PRIVATE HOSPITAL Level 1, 245 McCullough Street, Sunnybank

Ground Floor, 411 Main Street, Kangaroo Point

SUNNYBANK WOMEN'S IMAGING CENTRE

Level 6, Mater Private Clinic, 550 Stanley Street, South Brisbane

Suite 15, McCullough Centre 259 McCullough Street, Sunnybank

**DSITE REDLAND HOSPITAL)** 

Cnr Wembley & Kingston Roads (Service Road), Logan Central

1437 Logan Road (access via Gowrie Street), Mount Gravatt

Ground Floor, 309 Mains Road (cnr Elva Street), Sunnybank

Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga

Queen Street Village, Ground Floor, 127 Queen Street, Southport

Ground Floor, 2681 Gold Coast Highway, Broadbeach

SUNNYBANK MARKET SOUARE (昆士蘭X光 MARKET SOUARE)

Westside Private Hospital, Ground Floor, 32 Morrow Street, Taringa

HELENSVALE GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale

PET/CT CENTRE MATER BRISBANE Level 3, Mater Private Medical Ctre, 293 Vulture Street, South Brisbane

PET/CT CENTRE GREENSLOPES Greenslopes Private Hospital, Lower Ground Level, Newdegate Street, Greenslopes

ST VINCENT'S BRISBANE WOMEN'S IMAGING CENTRE

WOMEN'S CENTRES MATER WOMEN'S IMAGING CENTRE

**PET/CT CENTRES** 

105 City Road, Beenleigh

BEENLEIGH

**BOWEN HILLS** 

CAPALABA

CLEVELAND

COOPPAPOO

LOGANHOLME

TARINGA

WYNNUM

LOGAN CENTRAL

**BROWNS PLAINS** 

Rickey St, Capalaba

**COMMUNITY PRACTICES** 

16 Thompson Street, Bowen Hills

43 Wynyard Street, Cleveland

62 Bryants Road, Shailer Park

LOGAN ROAD (GREENSLOPES)

589 Logan Road, Greenslopes

101 Clara Street, Wynnum

AIRPORT CENTRAL

BROADBEACH

**GOLD COAST PRACTICES** 

**GOLD COAST PRIVATE HOSPITAL** 

Ground Floor, 14 Hill Street, Southport

14 Grand Plaza Drive , Browns Plains

342 Old Cleveland Road, Coorparoo

Medical Hub, 16 Weippin Street, Cleveland



Date:         Time:         Location:         Other:         For more information about your examination please visit qldxray.com.au			EOS IMAGING	X-RAY	OPG & LATERAL CEPHALOMETRY	FLUOROSCOPY	ANGIOGRAPHY	CT SCAN	ULTRASOUND	ECHOCARDIOGRAPHY	NUCHAL TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	<b>BONE DENSITOMETRY</b>	PET/CT	MRI
HOSPITAL PRACTICES																
GREENSLOPES PRIVATE HOSPITAL	Ph: 34210444	Sat		•	•	•	•		•			3D*	•			
Lower Lobby Level, Newdegate Street, Greenslopes	Fax: 3847 4455	Cat 0														
MATER PRIVATE HOSPITAL BRISBANE Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane	Ph: 3840 6200 Fax: 3212 9078	Sat & Sun		•		•	•	•	•				•			•
MATER HOSPITAL BRISBANE	Ph: 3212 9000	Juli														
LEVEL 4, 32 Raymond Terrace, South Brisbane	Fax: 3163 1850			•			•	•	•							•
MATER PRIVATE HOSPITAL SPRINGFIELD	Ph: 3470 3000	Sat										3D*				
Level 2, 30 Health Care Drive, Springfield	Fax: 3470 3030	AM		•	•	•	•	•	•		•	30		•		•
QUEEN ELIZABETH II JUBILEE HOSPITAL	Ph: 3712 2500															
Kessels Road, Coopers Plains Fax: 38752				-					<u> </u>							

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3840 6200 3844 6203

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Ph: 3227 0000

Ph: 3727 7320 Fax:

Ph: 3488 5600

Ph: 3802 7605

Ph: 3826 6700

Ph: 3456 3100

Ph: 3380 7599

Ph: 3387 4888

Ph: 3394 5800 Fax: 3847 9609

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3801 4843

3347 0400

3347 0401

3722 8300

3900 4300

3348 7466

5513 3777

5562 000

5563 3403

5563 5200

5510 9096 Ph: 5581 0900

5562 9000

3344 Fax:

Ph: 3721 5300

Ph: 5513 3700

Ph: 5552 5700

Fax: 5532 3983

3286 1768

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