

Patient Details

Date:

Name:

DOB:

Address:

Medicare No:

**For bookings
scan here**qldxray.com.au/book-online**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

Pregnant ☐ Yes ☐ No
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: _____



My Appointment

Date: _____

Time: _____

Location: _____

Other: _____

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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

AFTER HOURS PLEASE CALL – (07) 4659 4500.



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* Contrast Enhanced Mammography

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