

**Patient Details**

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

**Diagnostic Request**

**Reason for referral and clinical history**

GP Medicare rebateable studies are below. 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

**Ultrasound Shoulder - 55864**

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

**Ultrasound Knee - 55880**

- ? abnormality tendon/ bursae
- collateral ligament injury
- ? meniscal / popliteal fossa cysts/ mass/pseudomass
- Nerve entrapment, nerve or nerve sheath tumour

**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  Female hypogonadism > 6mths before age 45  Prolonged glucocorticoid therapy (as per MBS)  Conditions associated with excess glucocorticoid secretion

**12306**  24 mths+ since prior BMD (please also tick description)  1 or more fractures after minimal trauma  Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower  Monitoring osteoporosis proven by prior BMD

**12315**  24 mths+ since prior BMD (please also tick description)  Primary hyperparathyroidism  Proven malabsorptive disorders (Crohns, Coeliac)  Conditions associated with thyroxine excess  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.

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

Please indicate area of suspicion on diagram



**Referring 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: \_\_\_\_\_

**My Appointment**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Other: \_\_\_\_\_

For more information about your examination please visit [qldxray.com.au](http://qldxray.com.au)

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

**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](mailto:toowoomba@qldxray.com.au)

**Ph: 4660 2800**

Fax: 4661 1849

Email: [warwick@qldxray.com.au](mailto:warwick@qldxray.com.au)

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**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/](http://qldxray.com.au/patients/results-portal/)

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.

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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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