Request form / Referral



Patient Details For bookings Date: DOB: Medicare No: scan here Name: qldxray.com.au/book-online Address: Phone: 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 MRI Person UNDER 16** Head - 63551** Head - 63507** Hip following prior radiology - 63516 □ Suspected septic arthritis □ Suspected Perthes disease Unexplained seizure Unexplained seizure ■ Unexplained chronic headache Unexplained headache with pathology ☐ Suspected slipped capital femoral epiphysis ☐ Paranasal sinus pathology unresponsive to therapy Spine - 63554** Elbow following prior radiology - 63519 For suspected cervical radiculopathy Spine following prior radiology - 63510** Suspected significant fracture or avulsion ☐ Significant trauma Spine - 63557** Wrist following prior radiology - 63522 ☐ Unexplained neck/back pain with neurological signs ☐ For suspected cervical spine trauma ☐ Suspected scaphoid fracture ☐ Unexplained back pain with significant pathology Knee inability to extend after acute trauma - 63560** (50 years and over not eligible) Knee - 63513** Inability to extend the knee suggesting the possibility of acute meniscal tear
 Clinical findings suggesting ACL tear ☐ For internal joint derangement I confirm the patient is eligible to participate in the National Lung Cancer Screening Program (NLCSP) 57410 Low-dose CT scan of chest for NLCSP - 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 NLCSP - 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 ☐ Male hypogonadism ☐ Female hypogonadism > 6mths before age 45 (please also tick description) ☐ Prolonged glucorticoid therapy (as per MBS) ☐ Conditions associated with excess glucocorticoid secretion **12306** 24 mths+ since prior BMD ☐ 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 (please also tick description) ☐ Monitoring osteoporosis proven by prior BMD 12315 24 mths+ since prior BMD ☐ Primary hyperparathyroidism ☐ Proven malabsorptive disorders (Crohns, Coeliac) (please also tick description) ☐ 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. 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 ☐ Significant family history of Previous breast cancer Symptoms or indications of breast breast or ovarian cancer disease found on examination of the patient by a medical practitioner (indicate area on diagram) Practitioner's Name: Queensland X-ray Internal Use Only Address: Medical Imaging Final Check Yes No Pregnant Front Office Check Patient Identification verified

Referring Practitioner's Details

Date:
Signature:

Thank you for referring your patient to Queensland X-ray.

Patient Identification verified

Procedure and consent verified

Correct side and site verified

Correct patient data and side markers

Tech initials:

Team leader signature:

qldxray.com.au





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For more information about your examination please visit qldxray.com.au			OPEN WEEKENDS	EOS IMAGING	X-RAY	OPG & LATERAL CEPHALOMETRY	FLUOROSCOPY	ANGIOGRAPHY	CT SCAN	ULTRASOUND	ECHOCARDIOGRAPHY	NUCHAL TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	PET/CT	MRI
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MATER PRIVATE HOSPITAL BRISBANE		3840 6200	Sat &		•		•			•							•
Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane MATER HOSPITAL BRISBANE		3212 9078 3212 9000	Sun														
LEVEL 4, 32 Raymond Terrace, South Brisbane		3163 1850			•			•	•	•							•
MATER PRIVATE HOSPITAL SPRINGFIELD		3470 3000	Sat		•	•	•	•	•	•			3D*		•		•
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Kessels Road, Coopers Plains		3875 2866			•	•	•		•	•	•						•
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Ground Floor, 411 Main Street, Kangaroo Point SUNNYBANK PRIVATE HOSPITAL		3392 1769 3347 2700	Sat							_	_	_					
Level 1, 245 McCullough Street, Sunnybank		3347 2700	AM		•		•		•	•	•			•			•
WOMEN'S CENTRES																	
MATER WOMEN'S IMAGING CENTRE		3840 6208								•			3D*		•		
Level 6, Mater Private Clinic, 550 Stanley Street, South Brisbane SUNNYBANK WOMEN'S IMAGING CENTRE		3844 4277 3347 2755										_					
Suite 15, McCullough Centre 259 McCullough Street, Sunnybank		3347 2733								•		•	3D*		•		
PET/CT CENTRES																	
PET/CT CENTRE GREENSLOPES		3727 7320															
Greenslopes Private Hospital, Lower Ground Level, Newdegate Street, Greenslopes PET/CT CENTRE MATER BRISBANE		3727 7333 3840 6200															
Level 3, Mater Private Medical Ctre, 293 Vulture Street, South Brisbane		3844 6203														•	
COMMUNITY PRACTICES																	
BAYSIDE (OPPOSITE REDLAND HOSPITAL)		3488 5600	Sat		•				•	•			3D				•
Medical Hub, 16 Weippin Street, Cleveland BEENLEIGH		3286 1768 3382 4944	AM Sat									_		_			
105 City Road, Beenleigh		3287 4831	AM		•		•		•	•					•		•
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16 Thompson Street, Bowen Hills BROWNS PLAINS	Fax.	3024 4666	AM						_								
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* Contrast Enhanced Mammograph

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