

Patient Details

Date: _____ DOB: _____ Medicare No: _____

Name: _____

Address: _____ Phone: _____



**For bookings
scan here**

qldxray.com.au/book-online

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

Head - 63551**

- ☐ Unexplained seizure
☐ Unexplained chronic headache

Spine - 63554**

- ☐ For suspected cervical radiculopathy

Spine - 63557**

- ☐ For suspected cervical spine trauma

Knee inability to extend after acute trauma - 63560 (50 years and over not eligible)**

- ☐ Inability to extend the knee suggesting the possibility of acute meniscal tear ☐ Clinical findings suggesting ACL 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

- ☐ Suspected septic arthritis ☐ Suspected Perthes disease
☐ Suspected slipped capital femoral epiphysis

Elbow following prior radiology - 63519

- ☐ Suspected significant fracture or avulsion

Wrist following prior radiology - 63522

- ☐ Suspected scaphoid fracture

Knee - 63513**

- ☐ For internal joint derangement

I confirm the patient is eligible to participate in the National Lung Cancer Screening Program (NLCS)

- ☐ **57410 Low-dose CT scan of chest for NLCS - 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 NLCS - 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 (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

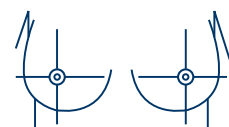
12322 ☐ 24 mths+ since prior BMD. Age 70+ and has moderate to marked osteopenia (T-score -1.5 to -2.5) on prior scan.

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

- ☐ Previous breast cancer
☐ Significant family history of breast or ovarian cancer
☐ Symptoms or indications of breast disease found on examination of the patient by a medical practitioner (indicate area on a diagram)



Right

Left

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: _____

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

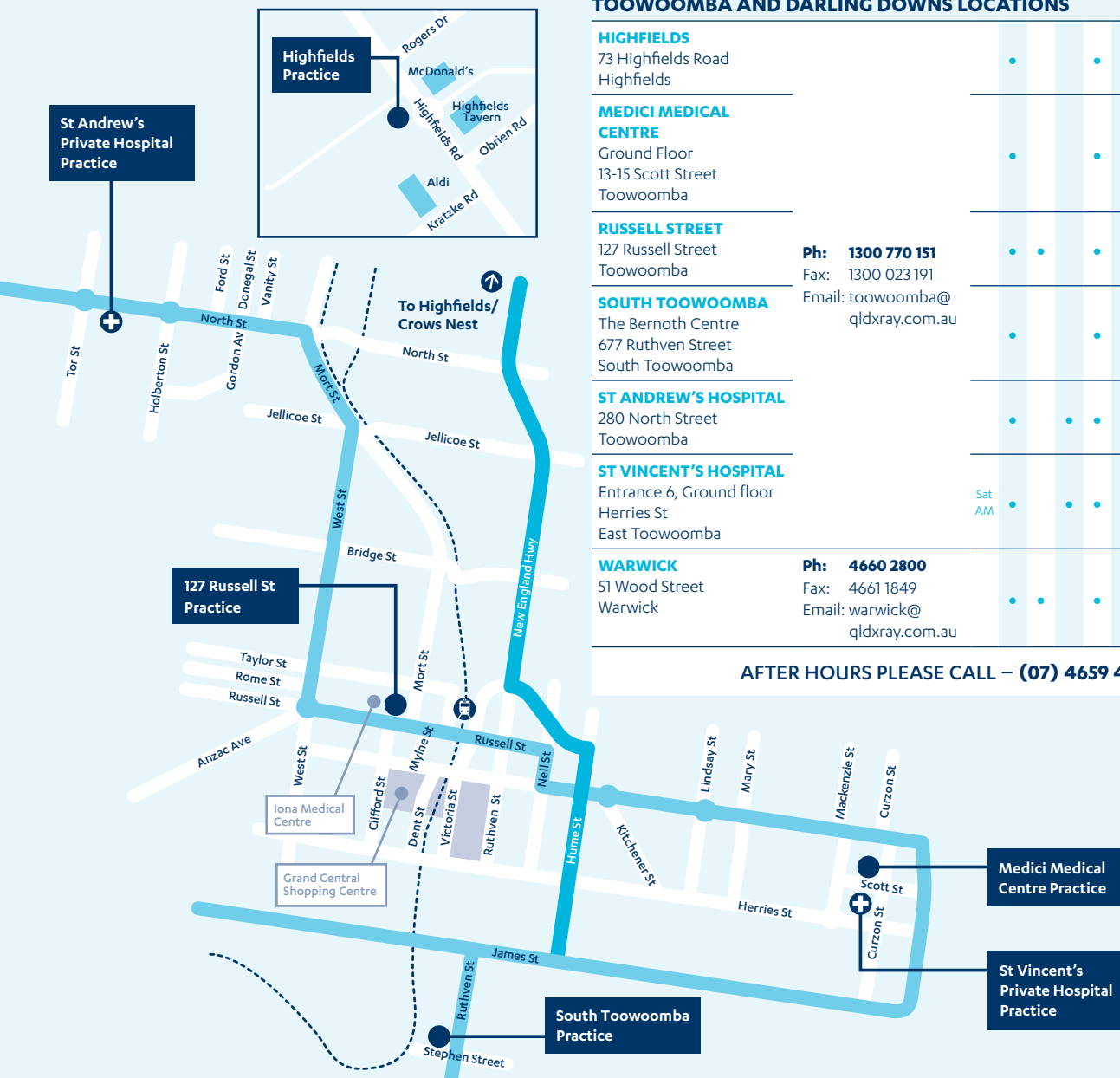
WARWICK

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Email: warwick@qldxray.com.au

AFTER HOURS PLEASE CALL – (07) 4659 4500



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* Contrast Enhanced Mammography

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