Request form / Referral



Name: DOB: Address: Medicare No: Serum Creatinine Level: eFGR:			
Serum Creatinine Level: eFGR: Diagnostic Request Reason for referral and clinical history Follow-up appointment with Referring Doctor: Practitioner's Name:	s	Date:	
Serum Creatinine Level: eFGR: Diagnostic Request Reason for referral and clinical history Follow-up appointment with Referring Doctor: Practitioner's Name:	ient Detai	Name:	DOB:
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Practitioner's Name:			
Practitioner's Name:	Follo	ow-up appointment with Referring Doctor:	
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Address: Signature:		Practitioner's Name:	
Signature:	s	Address:	
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	rring	Signature:	

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



Drs Alan Boles
Peter Brookfield
Tyson Reeve
Charlotte Slaney
Alister Darveniza
Dougal Brown
Solokara Karunarathne
Sam Smith

Centralised Appointments and Enquiries

Ph: (07) 4759 2800 Fax: (07) 4775 6460

Email: Townsville@qldxray.com.au

Mater Private Hospital - Pimlico

Mercy Centre, 25 Fulham Road (Via Diprose St), Pimlico

Mater Private Hospital – Hyde Park

9-13 Bayswater Road, Hyde Park

Domain Central

Shop 21A Building I 103 Duckworth Street, Garbutt

Douglas – Discovery Rise

Ground Floor, Clinical Practice Building, James Cook Drive, Douglas

Fairfield

Homemaker Centre Shop 9, 1 Darcy Drive, Idalia

North Queensland Cowboys Stadium

NEW LOCATION

Hutchinson Builders Centre Level 2, 26 Graham Murray Place Railway Estate, Townsville

North Shore

7/50 North Shore Boulevard, Burdell

Internal Use Only	Yes No
Pregnant	
Front Office Check	
Patient Identification verified	
Procedure and consent verified	
Correct side and site verified	
Correct patient data and side ma	arkers
Tech initials:	
Team leader signature:	





_									PLEASE NOTE: Bookings are required for all examinations except for plain x-rays.													
Date: Time: Location: Other:			O PEN WEEKENDS PLAIN X-RAY	X-RAY		OMETRY		CT CARDIAC ANGIOGRAPHY			DUND	АРНҮ			ШZ	ETRY						
Location: Other:	Location: Other: For more information about your examination please visit qlds					LATERAL CEPHALOMETRY	-LUOROSCOPY	RDIAC ANG	AN	ULTRASOUND	DUPLEX ULTRASOUND	ECHOCARDIOGRAPHY		MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY		_				
For more information about yo				OPG	LATER	FLUOI	CT CA	CT SCAN	ULTRA	DUPLE	ECHO	EOS	MAM	NUCL	BONE	MRI	PET/CT					
HOSPITAL BASED PRACTICES (FOR C	OMPLEX AND INTERVENTION	NAL PROCEDURES)																				
MATER PRIVATE HOSPITAL – PIMLICO Mercy Centre, 2S Fulham Road (Via Diprose St), Pimlico		_	Sat 9am – 4pm Sun 9am – 1pm	•	•	•	•	•	•	•	•			3D*	•		•					
MATER PRIVATE HOSPITAL – HYDE PARK Ground Floor, 9-13 Bayswater Road, Hyde Park				•			•		•	•	•	•			•	•	•	•				
COMMUNITY PRACTICE																						
DOMAIN CENTRAL Shop 21A Building I, Domain Central, 103 Duckworth Street, Garbutt		Ph: 4759 2800 Fax: 4775 6460 Email: Townsville@ qldxray.com.au		•	•	•			•	•	•						•					
DOUGLAS – DISCOVERY RISE Ground Floor, Clinical Practice Building, James Cook Drive, Douglas				•					•	•			•	3D			•					
FAIRFIELD Homemaker Centre , Shop 9, 1 Darcy Drive, Idalia				•					•	•	•											
NORTH QUEENSLAND COWBOYS STADIUM NEWLOCATION Hutchinson Builders Centre, Level 2, 26 Graham Murray Place, Railway Estate, Townsville				•					•	•	•						•					
NORTH SHORE 7/50 North Shore Boulevard, Burdell		-		•					•	•	•											

FOR AFTER HOURS EMERGENCY IMAGING, PLEASE CONTACT 4759 2800.

Access your images and results online. For more information, please visit qldxray.com.au/patients/online-access-patient-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.