

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

Image Guided Injections - please tick options below. The Radiologist will determine the best modality to use based on the clinical indication.

Facets, side Left Right

Levels _____

Nerve roots, side Left Right

Levels _____

Epidural steroid injection

Level _____

Elbow, side Left Right

Common extensor origin Elbow joint

Olecranon bursa Other _____

Wrist, side Left Right

Carpal tunnel Scapholunate joint

APL/EPB (De Quervain's) Other _____

Shoulder, side Left Right

Bursa Glenohumeral joint

Acromioclavicular joint

Knee, side Left Right

Joint Other _____

Hip, side Left Right

Trochanteric bursa Hip joint

Other _____

Ankle/foot, side Left Right

Talocrural joint Subtalar joint

Morton's neuroma Plantar fascia

Achilles

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

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)

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

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: _____


BMD - subject to Medicare criteria (Please tick box below)

12321 12 mths+ since prior BMD. 12 mths since significant change in therapy

12320 First BMD, age 70+

12312 12 mths+ since prior BMD
(please also tick description)

12306 24 mths+ since prior BMD
(please also tick description)

12315 24 mths+ since prior BMD
(please also tick description)

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

5 years since prior BMD, age 70 years+ with no to mild osteopenia (T-score 0 to -1.5) on prior BMD

Male hypogonadism

Prolonged glucocorticoid therapy (as per MBS)

1 or more fractures after minimal trauma

Monitoring osteoporosis proven by prior BMD

Primary hyperparathyroidism

Conditions associated with thyroxine excess

Female hypogonadism > 6mths before age 45

Conditions associated with excess glucocorticoid secretion

Scans 2 years+ with Z score -1.50 or lower, or a T score -2.50 or lower

Proven malabsorptive disorders (Crohns, Coeliac)

Rheumatoid arthritis Chronic liver / renal disease

HOSPITAL PRACTICE
MATER PRIVATE HOSPITAL

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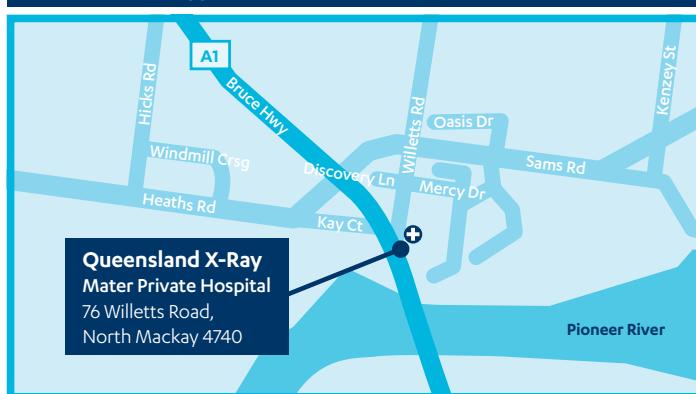
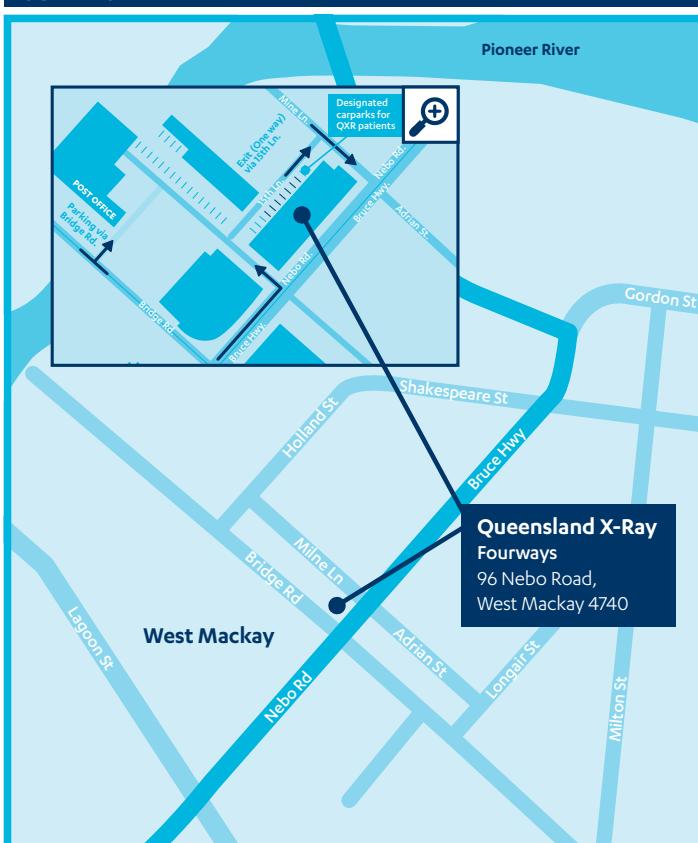
COMMUNITY PRACTICES
FOURWAYS

96 Nebo Road, West Mackay

NORTHERN BEACHES

1 Carl Street, Rural View

CONE BEAM	PLAIN X-RAY	EOS IMAGING	OPG	FLUOROSCOPY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	NUCHAL TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI
•	•	•	•	•	•	•	•	•	3D*	•	•	•
•	•	•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•	•	•

MATER PRIVATE HOSPITAL

FOURWAYS

NORTHERN BEACHES

 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.

* Contrast Enhanced Mammography

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