

Patient Details

Date: _____ DOB: _____ Medicare No: _____

Name: _____

Address: _____ Phone: _____



**For bookings
scan here**

or call 1300 781 926

Phone lines open from:

7am - 8pm Monday - Friday

7am - 4pm Saturday

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**

- ☐ ? cervical radiculopathy

Spine - 63557**

- ☐ ? cervical spine trauma

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

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

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

12315 ☐ 24 mths+ since prior BMD (please also tick description) ☐ Primary hyperparathyroidism ☐ Conditions associated with thyroxine excess ☐ Proven malabsorptive disorders (Crohns, Coeliac) ☐ Rheumatoid arthritis ☐ Chronic liver / renal disease

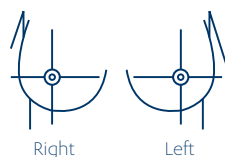
12322 ☐ 24 mths+ since prior BMD. Age 70+ and has moderate to marked osteopenia (T-score -1.5 to -2.5) on prior scan.

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

Practitioner's Name: _____

Address: _____

Date: _____

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: _____

For more information about your examination please visit qldxray.com.au

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MRI

GREENSLOPES PRIVATE HOSPITAL Lower Lobby Level, Newdegate Street, Greenslopes	Ph: 3421 0444 Fax: 3847 4455	Sat	•	•	•	•	•	•	•	3D*	•	•	•
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AIRPORT CENTRAL Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga	Ph: 5513 3700 Fax: 5513 3777				•		•	•	•	•	•	3D		•	•	
BROADBEACH NEW LOCATION Ground Floor, 2681 Gold Coast Highway, Broadbeach	Ph: 5562 9000 Fax: 5562 9001				•			•	•						•	
GOLD COAST PRIVATE HOSPITAL Ground Floor, 14 Hill Street, Southport	Ph: 5552 5700 Fax: 5563 3403	Sat & Sun			•		•	•	•	•		•	3D*	•		•
HELENSVALE GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale	Ph: 5563 5200 Fax: 5510 9096				•	•			•	•						•
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