Request form / Referral



Patient Details	Date: Name:	DOB:		一語目 For bookings scan here							
tient				or call 1300 781 926							
	Address: gnostic Request. Reason for 1	referral and clinical history	Phone:			Phone lines open from: 7am - 8pm Monday - Friday 7am - 4pm Saturday					
			h items apply. (**3 services per 12 m	onths)							
	Person OVER 16		Person UNDER 16								
	d - 63551**	Head	l - 63507**		Hip follow	ing prior radiology - 63516					
	Jnexplained seizure Jnexplained chronic headache		nexplained seizure nexplained headache with pathology		?septic	arthritis					
	ie - 63554**		aranasal sinus pathology unresponsive			owing prior radiology - 63519					
	cervical radiculopathy		e following prior radiology - 63510	**		re or avulsion					
	e - 63557**		significant trauma unexplained neck/back pain with neu	rological signs		owing prior radiology - 63522					
	cervical spine trauma		unexplained back pain with significan	t pathology		oid fracture					
	e inability to extend after acuto ACL tear		nd over not eligible)		Knee - 635	13** al derangement					
Ultra	asound Shoulder - 55864	? acromioclavicular joint p	athology	Ultrace							
	bicep subluxation		or tendon/muscle junction incl tears		und Knee - normality ter	ndon/ bursae 🔲 collateral ligament injury					
	P capsulitis / bursitis		ation/tendinosis of bicep subscapular			liteal fossa cysts/ mass/pseudomass					
	ganglion occult fracture	supraspinatus or infraspina	alus		ve entrapme	nt, nerve or nerve sheath tumour					
	 Subject to Medicare criteria 12 mths+ since prior BMD. 12 	2 mths since significant change	in therapy								
	• First BMD, age 70+		or BMD, age 70 years+ with no to mild	osteopenia (T-score O	to -1.5) on pr	ior BMD					
	2 12 mths+ since prior BMD (please also tick description)		orticoid therapy (as per MBS)		ted with exce	ess glucocorticoid secretion					
1230	 24 mths+ since prior BMD (please also tick description) 		res after minimal trauma oporosis proven by prior BMD	Scans 2 years+ with	Z score -1.50) or lower, or a T score -2.50 or lower					
1231	5 24 mths+ since prior BMD (please also tick description)	Primary hyperpa	rathyroidism	Proven malabsorptRheumatoid arthrit		(Crohns, Coeliac) nronic liver / renal disease					
1232	2 🔲 24 mths+ since prior BMD. /	Age 70+ and has moderate to m	arked osteopenia (T–score -1.5 to -2.5) on prior scan.							
6132	Unable to exercise to theFailed previous stress end	of cardiac ischaemia; and one o be adequate due to a) body hab ne extent required for a stress ec cho (in last 24 months)	f the following applies: bitus, including obesity, b) arrhythmia, cho to provide adequate information	including atrial fibrillati	on						
	Significant family history of brSymptoms or indications of b	bhy	tion								
	Practitioner's Name:		Right	Left							
ils	Address:					nsland X-ray Internal Use Only					
Referring Practitioner's Details					Pregna Front C Patient Proced	al Imaging Final Check _{Yes No} nt Dffice Check Identification verified Uure and consent verified t side and site verified					
g Pr	Date:				Correc	t patient data and side markers					
eferrin	Signature:				Team le	Tech initials: eader signature:					
ž	Copy to:										
	Thank you for referring you	r patient to Queensland X-r	ay.			qldxray.com.au					





nent	Date:			METRY						×					
Appointn	Time: Location:	NDS		L CEPHALC	×	≿			JCRAPHY	NSLUCENC	РНҮ	DICINE	OMETRY		
M	Other:	N WEEKE	ay ay	S LATERA	IOROSCOF	NGIOGRAPH	SCAN	RASOUND	IOCARDIC	CHAL TRAI	MMOGRA	JCLEAR MED	NE DENSIT	/CT	
	For more information about your examination please visit qldxray.com.au	OPE	EOS X-RA	OPO	FLU	ANO	CTS	Ę	ШUН	NUD	MAV	NUD	BOr	PET/	MRI

HOSPITAL PRACTICES

HOSPITAL PRACTICES																
GREENSLOPES PRIVATE HOSPITAL	Ph:	3421 0444	Sat									3D*				
Lower Lobby Level, Newdegate Street, Greenslopes	Fax:	3847 4455	Sar		•	•	•	•	•			30	•	•		•
MATER PRIVATE HOSPITAL BRISBANE	Ph:	3840 6200	Sat &													
Level 6, Mater Private Hospital, 301 Vulture Street, South Brisbane	Fax:	3212 9078	Sun		•	•	•	•	•				•			•
MATER HOSPITAL BRISBANE	Ph:	3212 9000														
LEVEL 4, 32 Raymond Terrace, South Brisbane	Fax:	3163 1850			•		•	•	•							•
MATER PRIVATE HOSPITAL SPRINGFIELD	Ph:	3470 3000	Sat									201			_	
Level 2, 30 Health Care Drive, Springfield	Fax:		AM		• •	•	•	•	•		•	3D*		•		•
QUEEN ELIZABETH II JUBILEE HOSPITAL		3712 2500							_							
Kessels Road, Coopers Plains		3875 2866			• •	•		•	•	•						•
ST VINCENT'S PRIVATE HOSPITAL BRISBANE		3227 0000							_							
Ground Floor, 411 Main Street, Kangaroo Point	Fax:				•	•		•	•	•	•	3D*				
SUNNYBANK PRIVATE HOSPITAL		3347 2700	Sat	_		_	_								_	
Level 1, 245 McCullough Street, Sunnybank		3344 4987	AM		•	•		•	•	•			•			•
	I dA.	5544 4707	AIM						_							
WOMEN'S CENTRES																
MATER WOMEN'S IMAGING CENTRE		3840 6208							•		•	3D*		•		
Level 6, Mater Private Clinic, 550 Stanley Street, South Brisbane		3844 4277							· ·		· ·	50		•	_	
SUNNYBANK WOMEN'S IMAGING CENTRE	Ph:	3347 2755							•		•	3D*				
Suite 15, McCullough Centre 259 McCullough Street, Sunnybank	Fax:	3345 2635							•		•	30		•		
PET/CT CENTRES																
PET/CT CENTRE GREENSLOPES	Ph-	3727 7320														
Greenslopes Private Hospital, Lower Ground Level, Newdegate Street, Greenslopes		3727 7333													•	
PET/CT CENTRE MATER BRISBANE	Ph:			_	_	-	-									
Level 3, Mater Private Medical Ctre, 293 Vulture Street, South Brisbane	Fax:														•	
	I dA.	3044 0203							_							
COMMUNITY PRACTICES																
BAYSIDE (OPPOSITE REDLAND HOSPITAL)		3488 5600	Sat								•	3D				
Medical Hub, 16 Weippin Street, Cleveland		3286 1768	AM		· .			· ·	· ·		· ·	50				
BEENLEIGH	Ph:	3382 4944	Sat													
105 City Road, Beenleigh	Fax:	3287 4831	AM		•	•		•	•					•		•
BOWEN HILLS	Ph:	3024 4600	Sat													
16 Thompson Street, Bowen Hills	Fax:	3024 4666	AM	•	•			•	•	•	•			•		•
BROWNS PLAINS	Ph:	3802 7605	Sat													
14 Grand Plaza Drive , Browns Plains	Fax:	3809 2809	AM		•			•	•							
CAPALABA	Ph:	3906 4700														
Rickey St, Capalaba	Fax:	3823 4302			• •			•	•	•						
CLEVELAND	Ph:	3826 6700														
43 Wynyard Street, Cleveland	Fax:				• •			•	•					•		
COORPAROO	Ph:	3456 3100	Sat				_		_							
342 Old Cleveland Road, Coorparoo	Fax:	3397 1120	AM	•	• •	•		•	•					•		•
	Ph:					-	-									
62 Bryants Road, Shailer Park		3801 4843			• •			•	•							
LOGAN CENTRAL	Ph:		Cat	_		_				_						
		338/ 4888 3290 5655	Sat AM		•			•	•		•					•
Cnr Wembley & Kingston Roads (Service Road), Logan Central	Fax:		AIW			_	_		_							
LOGAN ROAD (GREENSLOPES)		3394 5800						•	•		•					
589 Logan Road, Greenslopes		3847 9609				_	_									
MOUNT GRAVATT NEW LOCATION		3347 0400	Sat					•	•				•		•	
1437 Logan Road (access via Gowrie Street), Mount Gravatt	Fax:		AM			_	_		<u> </u>				_			
SUNNYBANK MARKET SQUARE (昆士蘭X光 MARKET SQUARE)		3722 8300														
Ground Floor, 309 Mains Road (cnr Elva Street), Sunnybank		3344 5287			• •			•	•							
TARINGA	Ph:	3721 5300	Sat									3D*				
Westside Private Hospital, Ground Floor, 32 Morrow Street, Taringa	Fax:	3721 5333	AM	•	•			•	•		•	30	-	•		•
WYNNUM	Ph:	3900 4300	Sat									3D				
101 Clara Street, Wynnum	Fax:	3348 7466	AM		•	•		•	•	•	•	30		•		•
GOLD COAST PRACTICES																
AIRPORT CENTRAL	Dh.	5513 3700														
Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga		5513 3777			•		•	•	•		•	3D		•		•
BROADBEACH NEW LOCATION		5562 9000	_	_		_	-									
	Fax:				•			•	•							•
Ground Floor, 2681 Gold Coast Highway, Broadbeach			Cat 0				-		_			_				_
GOLD COAST PRIVATE HOSPITAL		5552 5700	Sat &		•		•	•	•		•	3D*	•			•
Ground Floor, 14 Hill Street, Southport		5563 3403	Sun				_	_								
HELENSVALE		5563 5200						•	•							
GC North Medical Hub - Homeworld Helensvale, 502 Hope Island Road, Helensvale	Fax:								<u> </u>			_				
SOUTHPORT		5581 0900							•							
Queen Street Village, Ground Floor, 127 Queen Street, Southport	Fax:	5532 3983			<u> </u>			•	· ·	•				•		
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*Contrast Enhanced Mammography

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