

## Patient Details

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



**For bookings  
scan here**

[qldxray.com.au/book-online](http://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 (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

## 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.

- ☐ **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 diagram)



## 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: \_\_\_\_\_

For more information about your examination please visit [qldxray.com.au](http://qldxray.com.au)

**AIRPORT CENTRAL**

Ground Floor, Airport Central, 1 Eastern Avenue, Bilinga  
Ph: 5513 3700 Email: [gcairport@qldxray.com.au](mailto:gcairport@qldxray.com.au)

**BROADBEACH** NEW LOCATION

Ground Floor, 2681 Gold Coast Highway, Broadbeach  
Ph: 5562 9000 Email: [broadbeach@qldxray.com.au](mailto:broadbeach@qldxray.com.au)

**GOLD COAST PRIVATE HOSPITAL**

Ground Floor, 14 Hill Street, Southport  
Ph: 5552 5700 Email: [gcph@qldxray.com.au](mailto:gcph@qldxray.com.au)

**HELENSVALE**

GC North Medical Hub - Homeworld Helensvale,  
502 Hope Island Road, Helensvale  
Ph: 5563 5200 Email: [helensvale@qldxray.com.au](mailto:helensvale@qldxray.com.au)

**SOUTHPORT**

Queen Street Village, Ground Floor, 127 Queen Street, Southport  
Ph: 5581 0900 Email: [southport@qldxray.com.au](mailto:southport@qldxray.com.au)

For bookings  
**Ph: 1300 183 988**  
Fax: 07 5581 0922  
Email: [gcbookings@qldxray.com.au](mailto:gcbookings@qldxray.com.au)

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AIRPORT CENTRAL		•	•			•	•	•	•	•		•	3D		•	•
BROADBEACH		•	•			•	•	•	•			•				•
GOLD COAST PRIVATE HOSPITAL	Sat & Sun	•	•	•	•	•	•	•	•	•		•	3D*	•		•
HELENSVALE		•	•			•	•	•	•			•				•
SOUTHPORT		•	•			•	•	•	•		•	•			•	•

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\* Contrast Enhanced Mammography

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