

For all appointments

Ph: 4965 6200

Fax: 4942 7506

Email: mackay@qldxray.com.au

Patient Details

Date:

Name:

DOB:

Address:

Medicare No:

Serum Creatinine Level:

eFGR:

Diagnostic Request

Reason for referral and clinical history

Referring Practitioner's Details

Practitioner's Name:

Address:

Date:

Signature: _____

Copy to: _____

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

Internal Use Only

	Yes	No
Front Office Check	<input type="checkbox"/>	<input type="checkbox"/>
Pregnant	<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

CONE BEAM	PLAIN X-RAY	EOS IMAGING	OPG	FLUOROSCOPY	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	NUCLEAR TRANSLUCENCY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI
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HOSPITAL PRACTICE
MATER PRIVATE HOSPITAL

76 Willetts Road, North Mackay

COMMUNITY PRACTICES
FOURWAYS

96 Nebo Road, West Mackay

NORTHERN BEACHES

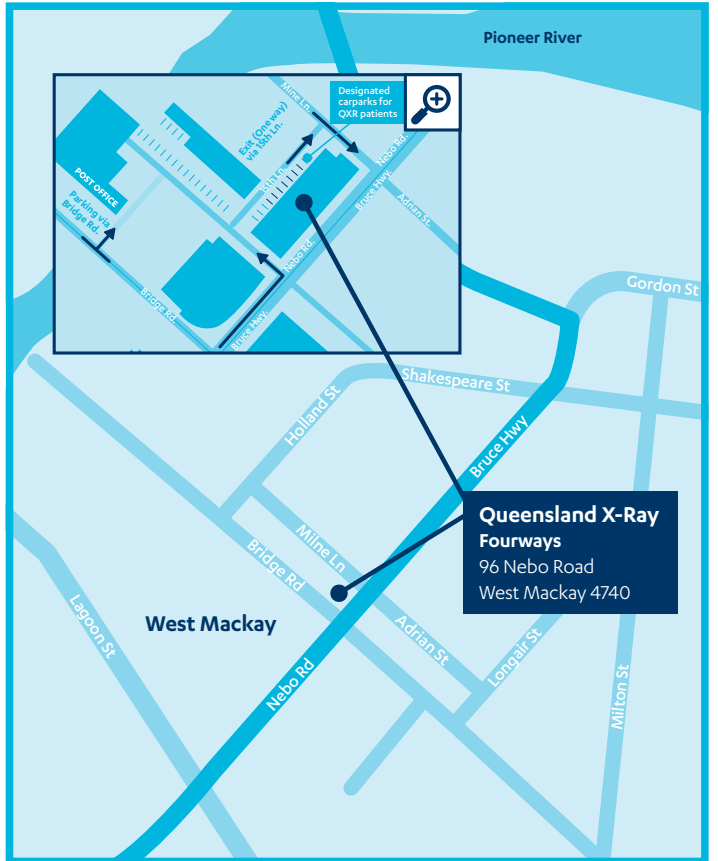
1 Carl Street, Rural View

Ph: 4965 6200

Fax: 4942 7506

												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.

Printed on Supreme Laser which has the following environmental credentials:

