

Patient Details

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicare No: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**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
- ? meniscal / popliteal fossa cysts/ mass/pseudomass
- ? collateral ligament injury
- Nerve entrapment, nerve or nerve sheath tumour

**BMD - subject to Medicare criteria**

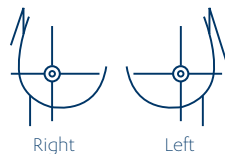
- 12321**  12 mths+ since prior BMD. 12 mths since significant change in therapy
- 12320**  First BMD, age 70+  5 years since prior BMD, age 70 years+ with no to mild osteopenia (T-score 0 to -1.5) on prior BMD
- 12312**  12 mths+ since prior BMD (please also tick description)  Male hypogonadism  Prolonged 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.

- 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)



Practitioner's Name: \_\_\_\_\_

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

Referring Practitioner's Details

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: \_\_\_\_\_

OPEN WEEKENDS  
 X-RAY  
 OPG  
 SCREENING – IVPs, BARIUM STUDIES  
 CT SCAN  
 ULTRASOUND  
 DUPLEX ULTRASOUND  
 ECHOCARDIOGRAPHY  
 MAMMOGRAPHY  
 NUCLEAR MEDICINE  
 BONE DENSITOMETRY  
 MRI  
 PET/CT

## TOOWOOMBA AND DARLING DOWNS LOCATIONS

### HIGHFIELDS

73 Highfields Road  
Highfields

### MEDICI MEDICAL CENTRE

Ground Floor  
13-15 Scott Street  
Toowoomba

### RUSSELL STREET

127 Russell Street  
Toowoomba

### SOUTH TOOWOOMBA

The Bernoth Centre  
677 Ruthven Street  
South Toowoomba

### ST ANDREW'S HOSPITAL

280 North Street  
Toowoomba

### ST VINCENT'S HOSPITAL

Entrance 6, Ground floor  
Herries St  
East Toowoomba

### WARWICK

51 Wood Street  
Warwick

Ph: 1300 770 151  
 Fax: 1300 023 191  
 Email: toowoomba@qldxray.com.au

Ph: 4660 2800  
 Fax: 4661 1849  
 Email: warwick@qldxray.com.au

	OPEN WEEKENDS	X-RAY	OPG	SCREENING – IVPs, BARIUM STUDIES	CT SCAN	ULTRASOUND	DUPLEX ULTRASOUND	ECHOCARDIOGRAPHY	MAMMOGRAPHY	NUCLEAR MEDICINE	BONE DENSITOMETRY	MRI	PET/CT
HIGHFIELDS	•	•	•	•	•	•	•	•					
MEDICI MEDICAL CENTRE	•		•										
RUSSELL STREET	•	•	•	•	•	•	•	•	3D				
SOUTH TOOWOOMBA	•												
ST ANDREW'S HOSPITAL	•	•	•	•	•	•	•	•		•		•	•
ST VINCENT'S HOSPITAL	Sat AM •	•	•	•	•	•	•	•		•		•	
WARWICK		•	•			•	•	•					

AFTER HOURS PLEASE CALL – (07) 4659 4500



Access your images and results online. For more information, please visit <https://www.qldxray.com.au/patients/online-access-patient-portal>

DOWNLOAD THE QXR PATIENT APP



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