

Queensland X-Ray is offering **REDUCED WAIT TIMES** for public patients.  
Images sent back into selected PACS and report faxed to department.

<b>Patient Details</b>	Date:	DOB:
	Name:	<b>PATIENT LABEL</b>
	Address:	Phone:

**REFERRER:** Fax both sides of referral to 1300-023-191. We will contact patient to make booking. Queensland X-Ray will go through any questionnaires and preparation with your patient prior to the study.

**OR**

**PATIENT:** To make a booking email both sides of referral to [Toowoomba@qldxray.com.au](mailto:Toowoomba@qldxray.com.au) OR call 1300-770-151 OR visit [www.qldxray.com.au](http://www.qldxray.com.au)

**Diagnostic Request**

**Modality**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>MRI</b> (specify region below & tick clinical indication on back of form) | <input type="checkbox"/> <b>Bone Densitometry</b> (tick clinical indication on back of form)  |
| <input type="checkbox"/> <b>Plain X-Ray</b>   | <input type="checkbox"/> <b>Nuclear Medicine</b>  |
| <input type="checkbox"/> <b>CT Scan</b>   | <input type="checkbox"/> <b>Procedures</b>  |
| <input type="checkbox"/> <b>CTCA</b> (see back of form for criteria)                                  | <input type="checkbox"/> <b>Biopsies</b>  |
| <input type="checkbox"/> <b>Ultrasound</b> (specify region & clinical details below)                  | <input type="checkbox"/> <b>Spinal injections</b> (tick option, specify level and side below) |
| <input type="checkbox"/> <b>Ultrasound Liver</b>  | <input type="checkbox"/> Facet joint inj: Level _____ Side _____                              |
| <input type="checkbox"/> <b>EOS imaging</b>   | <input type="checkbox"/> Nerve root inj: Level _____ Side _____                               |
| <input type="checkbox"/> <b>Mammography</b>   | <input type="checkbox"/> Epidural steroid inj: Level _____                                    |
|   | <input type="checkbox"/> <b>Guided injections</b> (specify region and clinical detail below)  |

**Tick for IMAGE TRANSFER:**

Toowoomba Base

Other (please specify) \_\_\_\_\_

**Region to be investigated / Reason for referral and clinical history**

---

---

---

---

---

---

---

---

---

---

**Additional Patient Information**

- Diabetic
- Melanoma
- Known renal impairment
- Previous contrast reaction
- Public Hospital Outpatient

PET/CT Medicare rebateable studies are below. Please tick which items apply.

**PET/CT** All PETCT scans include relevant diagnostic CT  opt out, low dose CTAC only

**Indication**

- Diagnose  Restage  RT Planning  Stage  Monitor  Clinical Trial
- Other \_\_\_\_\_
- Primary/Suspected site \_\_\_\_\_
- Histopathology \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <p><b>Lung</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61523 Solitary Pulmonary Nodule - Diagnosis</li> <li><input type="checkbox"/> 61529 NSCLC - Staging</li> </ul> <p><b>Brain</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61538 Brain - Restaging</li> <li><input type="checkbox"/> 61559 Epilepsy - Evaluation</li> <li><input type="checkbox"/> 61560 Alzheimer's - Diagnosis</li> </ul> <p><b>Lymphoma</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61620 Staging</li> <li><input type="checkbox"/> 61622 First Line Surveillance - during treatment</li> <li><input type="checkbox"/> 61632 Second Line Surveillance</li> <li><input type="checkbox"/> 61628 Restaging after recurrence</li> </ul> | <p><b>Head &amp; Neck</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61598 Staging</li> <li><input type="checkbox"/> 61604 Restaging</li> <li><input type="checkbox"/> 61610 Metastatic SCC unknown primary - Staging</li> </ul> <p><b>Breast</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61524 PET Breast - Stage III, Staging</li> <li><input type="checkbox"/> 61525 PET Breast - Restaging</li> </ul> <p><b>Melanoma</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61553 Restaging</li> </ul> <p><b>Gynaecology</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61565 Ovarian - Restaging</li> <li><input type="checkbox"/> 61571 Uterine Cervix - Staging</li> <li><input type="checkbox"/> 61575 Uterine Cervix - Restaging</li> </ul> | <p><b>Sarcoma</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61640 Bone or Soft Tissue Sarcoma - Staging</li> <li><input type="checkbox"/> 61646 Sarcoma - Restaging</li> </ul> <p><b>Gastrointestinal</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61541 Colorectal - Restaging</li> <li><input type="checkbox"/> 61577 Oesophageal/GOJ - Staging</li> <li><input type="checkbox"/> 61647 Gastroenteropancreatic NET - Diagnosis - DOTA Peptide PET</li> </ul> <p><b>Prostate</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61563 PSMA Intermediate to high-risk, staging</li> <li><input type="checkbox"/> 61564 PSMA Restaging</li> </ul> <p><b>Rare or uncommon Cancer</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 61612 Initial Staging</li> <li><input type="checkbox"/> 61614 Following initial therapy</li> </ul> |
|---|---|---|

<b>Referring Practitioner's Details</b>	Practitioner's name:
	Hospital:
	Department:
	<b>Fax:</b>
	<b>Phone:</b>
	Signature:
	Copy to:

Please provide both **Consultant and RMO** details for bulk billing to apply. Consultant's signature not required.

Consultant name: \_\_\_\_\_

Provider number: \_\_\_\_\_

RMO or Registrar name: \_\_\_\_\_

**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 specialised studies please tick the relevant clinical indications box below.

**Liver / Pancreas / Crohn's MRI**

- MRI Liver** Confirmed extra-hepatic primary malignancy (other than HCC) & CT liver is negative/inconclusive of metastatic disease & identification of liver metastases would change treatment planning **(63545)**
- MRI Liver** Known / suspected hepatocellular carcinoma & chronic liver disease & liver function Child-Pugh class A/B; & Hepatic lesion >10mm **(63546)**
- MRI Enterography** to evaluate small bowel Crohn's disease **(63740)**
- MRI Enteroclysis** for Crohn's disease using the placement of NG tube **(63741)**
- MRI Pancreas/biliary tree (MRCP)** for suspected biliary or pancreatic pathology **(63482)**
- MRI** for fistulating perianal Crohn's disease FOR evaluation of pelvic sepsis and fistulas **(63743)**

**Pelvis MRI**

- MRI Pelvis for the investigation of
  - a) sub fertility that requires one or more of the following:
    - i. an investigation of suspected Mullerian duct anomaly seen in pelvic ultrasound or HSG
    - ii. an assessment of uterine mass identified on pelvic ultrasound before consideration of surgery
    - iii. an investigation of recurrent implantation failure in IVF; or
  - b) surgical planning of a patient with known or suspected deep endometriosis involving the bowel, bladder or ureter where the results of pelvic ultrasound are inconclusive **(63563)**
- MRI Pelvis** for staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater **(63470)**
- MRI Pelvis & Upper Abdomen** for staging of histologically diagnosed cervical cancer at FIGO stages 1B or greater **(63473)**
- MRI Pelvis** for initial staging of rectal cancer **(63476)**

**Breast MRI**

- MRI of both breasts** where the patient has a breast lesion, AND the results of conventional imaging examinations are inconclusive for the presence of breast cancer, AND biopsy has not been possible. **(63531)**
- MRI of both breasts** where the patient has been diagnosed with breast cancer, AND discrepancy exists between clinical assessment and conventional imaging assessment, AND the results of breast MRI may alter treatment planning **(63533)**
- MRI of both breasts** for the detection of cancer **(63464)**  
Where the patient is asymptomatic younger than 60 years of age and is either at high risk of developing breast cancer, due to one or more of the following:
  - i. genetic testing has identified the presence of a high risk breast cancer gene mutation in the patient or in a first degree relative of the patient;
  - ii. both:
    - A. 1 or more 1st or 2nd degree relatives was diagnosed with breast cancer at age 45 years or younger; AND
    - B. Another 1st or 2nd degree relative on the same side of the patient's family diagnosed with bone or soft tissue sarcoma at age 45 years or younger
  - iii. had onset of breast cancer before the age of 50 years
  - iv. has a personal history of mantle radiation therapy
  - v. has a lifetime risk estimation greater than 30% or a 10 year absolute risk estimation greater than 5% using a clinically relevant risk evaluation algorithm.

**Prostate MRI for diagnosis (63541)**

- a) DRE suspicious for prostate cancer; or
- b) Less than 70 years, at least two prostate specific antigen (PSA) tests performed within an interval of 1-3 months are greater than 3.0 ng/ml, and the free/total PSA ratio is less than 25% or the repeat PSA exceeds 5.5 ng/ml; or
- c) Less than 70 years, whose risk of developing prostate cancer based on family history is at least double the average risk, at least two PSA tests performed within an interval of 1-3 months are greater than 2.0 ng/ml, and the free/total PSA ration is less than 25%; or
- d) 70 years or older, at least two PSA tests performed within an interval of 1-3 months are greater than 5.5 ng/ml and the free/total PSA ratio is less than 25%.

**Prostate MRI for surveillance (63543)**

- Patient has not had a diagnostic mpMRI and is placed on active surveillance following a confirmed diagnosis of prostate cancer by biopsy histopathology; and is not planning or undergoing treatment for prostate cancer.

**CT Coronary Angiogram (57360)**

- Patient has stable or acute symptoms consistent with coronary ischemia is at low to intermediate risk of an acute coronary event.

**CT Coronary Angiogram (57364)**

- At least one of the following apply to the patient:
  - i. Patient has stable symptoms and newly recognised LV systolic dysfunction of unknown aetiology
  - ii. Requires exclusion of a coronary anomaly or fistula
  - iii. Undergoing non coronary cardiac surgery
  - iv. Requires assessment of the patency of coronary bypass grafts

**Myocardial Perfusion Study**

- a) The patient has symptoms of cardiac ischemia; and
- b) At least one of the following applies:
  - i. the patient has body habitus or other physical conditions (including heart rhythm disturbance) to the extent that a stress echocardiography would not provide adequate information
  - ii. the patient is unable to exercise to the extent required for a stress echocardiography to provide adequate information
  - iii. the patient has had a failed stress echocardiography

For more information please see: <https://www.qldxray.com.au/referrers/resources/medicare-information>

**Bone Densitometry (tick indication below)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 12 mths+ since prior BMD. 12 mths since significant change in therapy <b>(12321)</b>   |  |   |
| <input type="checkbox"/> First BMD, age 70+   | <input type="checkbox"/> 5 years since prior BMD, age 70 years+ with no to mild osteopenia (T-score 0 to -1.5) on prior BMD <b>(12320)</b> |   |
| <input type="checkbox"/> 12 mths+ since prior BMD (please also tick description)  | <input type="checkbox"/> Male hypogonadism   | <input type="checkbox"/> Female hypogonadism > 6mths before age 45  |
|   | <input type="checkbox"/> Prolonged glucocorticoid therapy (as per MBS)   | <input type="checkbox"/> Conditions associated with excess glucocorticoid secretion <b>(12312)</b>                  |
| <input type="checkbox"/> 24 mths+ since prior BMD (please also tick description)  | <input type="checkbox"/> 1 or more fractures after minimal trauma  | <input type="checkbox"/> Scans 2 years+ with T score -1.50 or lower, or a T score -2.50 or lower                    |
|   | <input type="checkbox"/> Monitoring osteoporosis proven by prior BMD <b>(12306)</b>  |   |
| <input type="checkbox"/> 24 mths+ since prior BMD (please also tick description)  | <input type="checkbox"/> Primary hyperparathyroidism   | <input type="checkbox"/> Proven malabsorptive disorders (Crohns, Coeliac)   |
|   | <input type="checkbox"/> Conditions associated with thyroxine excess   | <input type="checkbox"/> Rheumatoid arthritis <input type="checkbox"/> Chronic liver / renal disease <b>(12315)</b> |
| <input type="checkbox"/> 24 mths+ since prior BMD. Age 70+ and has moderate to marked osteopenia (T-score -1.5 to -2.5) on prior scan. <b>(12322)</b> |  |   |

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:

Queensland X-Ray Pty Ltd and Queensland X-Ray Hospital Partnership No 23 trading as Queensland X-Ray (a registered business name of Queensland X-Ray Pty Ltd ABN 40 094 502 208). 7983 11/24



Your doctor has recommended you use Queensland X-Ray. You may choose another provider but please discuss this with your doctor first.